Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1135
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James A. Parker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 19 (Day) 1850 (Year)

7. AGE: 62 yrs. 6 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: W. A. Parker.

11. BIRTHPLACE OF FATHER (State or Country): Detroit Mich.

12. MAIDEN NAME OF MOTHER: M. E. Williams

13. BIRTHPLACE OF MOTHER (State or Country): Utica New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. M. Parker
(Address) Twin Falls Idaho

15. Filed Jan 2 1912. John J. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1911, to Jany 1 1912 that I last saw h in alive on Dec. 30 1911 and that death occurred on the date stated above, at 11.30 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach.

..... (Duration) One yrs. ..... mos. ..... ds.
Contributory (Secondary) Gastric Ulcer.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Coughlin M. D.
Jan. 2 1911 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshonis Basin — DATE OF BURIAL: Jan 3 1912

20. UNDERTAKER: Charles J Walker — ADDRESS: Twin Falls Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1162
Registered No. 1

1. PLACE OF DEATH.
County of Fremont
City of Fairmont
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2040
(No. , St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hetta Maggie Cupp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Baby

6. DATE OF BIRTH: Oct. 11 (Month) 1910 (Day) (Year)

7. AGE: 1 yrs. 3 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Cupp

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Elizabeth Mary Blalock

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Cupp
(Address) Fairmont, Idaho

15. Filed Jan. 14 1911 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 13 (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 191[illegible], to Jan 13 191[illegible] that I last saw h[illegible] alive on Jan 13 191[illegible], and that death occurred on the date stated above, at 11:25 P.M.

The CAUSE OF DEATH* was as follows:
Toxic Meningetis.
following acute intestinal indigestion.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Fisher M. D.
Jan. 14 1911 (Address) Rigby - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Little Butte Cemetery (Ann[illegible])
DATE OF BURIAL: Jan. 16 1911

20. UNDERTAKER: Inmans.
ADDRESS: Fairmont

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 7039
(No. ....., ... St.)

File No. 1169
Registered No. 8
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Julius F. Wahlgemuth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W.	Married

6. DATE OF BIRTH: Feb. 20 (Month) (Day) 1871 (Year)

7. AGE: 40 yrs. 10 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Not obtained.

11. BIRTHPLACE OF FATHER (State or Country): Don't know.

12. MAIDEN NAME OF MOTHER: Don't know.

13. BIRTHPLACE OF MOTHER (State or Country): Not obtained.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. F. Wahlgemuth
(Address) Rexburg

15. Filed Jan. 10 1912 Registrar
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1911, to Jan. 1 1912 that I last saw him alive on Dec. 31 1911, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Cancer of stomach and liver

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Walker M. D.
Jan. 1 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: Jan. 3 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

YMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

File No. 117
Registered No. 9
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice L. Ryan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
F.	W.	

6. DATE OF BIRTH: Nov. 15 (Month) (Day) 1903 (Year)

7. AGE: 8 yrs. 1 mos. 18 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Minn.

10. NAME OF FATHER Henry Ryan

11. BIRTHPLACE OF FATHER (State or Country) Ire.

12. MAIDEN NAME OF MOTHER Cora Stowell

13. BIRTHPLACE OF MOTHER (State or Country) Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Ryan
(Address) Rexburg

15. Filed Jan. 10 1912 Ralph Rickel M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 2 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1911, to Jan. 2 1912
that I last saw her alive on Jan. 2 1912,
and that death occurred on the date stated above, at 4-30 P. M.

The CAUSE OF DEATH* was as follows:
Acute Nephritis
..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Scarlet Fever
..... (Duration) ..... yrs. 1 mos. 10 ds.
(Signed) Joseph Walker M. D.
Jan. 3 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg — DATE OF BURIAL: Jan. 4 191[illegible]

20. UNDERTAKER: John Phillips — ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1174
Registered No. 13

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 112, E. Bannock St.)

2. FULL NAME Baby Wakeman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 19th (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Boise. Idaho

10. NAME OF FATHER: J. L. Wakeman

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Amanda Gray

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Wakeman
(Address) Boise, Idaho

15. Filed 1/22 1912 M. E. Hollie Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 21st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1912, to Jan. 21 1912, that I last saw h/im alive on Jan. 20 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Premature Birth - Heart failure
(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John Brooks M. D.
Jan 22 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes, In the
of death ..... yrs. ..... mos. 2 ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, ...
If not at place of death? .....
Former or usual residence. 2511 Ada St. Boise Ida

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 1/22 1912
20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1175
Registered No. 11

1. PLACE OF DEATH. Registration District No. 7
County of Ada Primary Registration District No. 1004
City of Boise (No. 1108, Yeatt 15th St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Albert Day

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November (Month) 18 (Day) 1868 (Year)

7. AGE: 43 yrs. 1 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Assayer & Mining Man
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward F. Hasbrouck
(Address) 1035 W 5 Ave Boise

15. Filed 1/16 191[illegible] W. E. Lee Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Jan 15 1912, that I last saw him alive on Jan 14 1912, and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Collister M. D.
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Jan 17 1912

20. UNDERTAKER: Schreiber & Eidemiller — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 117

Registered No. 12.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 1004
(No. 412, State St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret Peterlini

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: not Obtainable (Month) (Day) 1857 (Year)

7. AGE: 54 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy.

10. NAME OF FATHER: not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sister Finton
(Address): Boise, Idaho

15.
Filed 1/19 1912
M E Hoffie
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1912, to Jan 18 1912
that I last saw h— alive on Jan 17 1912,
and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo Callista M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St. Alphonsus Hospital, Boise
of death ... yrs. ... mos. 5 ds. State ... yrs. ... mos. ... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence: Bellevue, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Bellevue, Idaho
DATE OF BURIAL: 1/20 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 117

Registered No. 13

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1001
(No. 1417 East Franklin St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Emily Mullan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan 10 1834 (Month) (Day) (Year)

7. AGE: 58 yrs. 0 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Thos Gorley

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Nancy Ball.

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Mullen
(Address) 1417 E. Franklin St

15.
Filed 1/21 1912 W. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jany 20 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 19 1912, to Jany 19 1912 that I last saw her alive on Jany 19 1912, and that death occurred on the date stated above, at 4:45 A. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Breast and Metastasis
Carcinomata Anasarca
Pulmonary Edema
(Duration) 5 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. 2 mos. ds.

(Signed) Edward L Bower M. D.
Jany 20 1912 (Address) 208 Idaho Bldg

*State the DISEASE CAUSING ... in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) wh... DENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RE... E (For Hospitals, Institutions, Transients or Rece... ents.)
At place of death ..... yrs. ..... In the ... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracte...
If not at place of death?...
Former or usual residence...

19. PLACE OF BURIA... EMOVAL: Morris Hill Cem. DATE OF BURIAL: 1/21 1912

20. UNDERTAKER: Fry & Sun... ers ADDRESS: 15th & Jeff.
Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 117

Registered No. 14

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 112, E. Bannock St.)

2. FULL NAME Edith Sharp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1884 (Year)

7. AGE: 17 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Neb.

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Coates

(Address) Bellevue Ida

15.

Filed 1/22 1912 M E Hobbs
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 21st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 20 1912, to Jany 21 1912, that I last saw h[illegible] alive on Jany 21 1912, and that death occurred on the date stated above, at 11a M.

The CAUSE OF DEATH* was as follows:

Gen Peritonitis

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Acute Appendicitis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Samuel Elwert M. D.

Jany 22 1912 (Address) Room [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place St Lukes Hosp In the ..... of death ..... yrs. ..... mos. 2 ds. State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, If not at place of death?

Former or usual residence. Bellevue, Idaho

19. PLACE OF BURIAL OR REMOVAL: Bellevue Idaho

DATE OF BURIAL: 1/22 1912

20. UNDERTAKER: Schreiber & Sidenfaden

ADDRESS: Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 179
Registered No. 16

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1004
(No. 412, State St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Juana Gayo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan 22nd 1884 (Month) (Day) (Year)

7. AGE: 28 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spain

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Gayo
(Address) Boise

15.
Filed 1/16 1912 W. E. Phillips Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: ~~Sept~~ Jan 22nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1912, to Jan 22nd 1912
that I last saw her alive on Jan 22nd 1912
and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Suppression of Urine
a few hours
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) E. E. Shawhan M. D.
Jan 22 1912 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: 1103 Idaho St Boise

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: 1/23 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1187
Registered No. 7

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 410, State St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004

2. FULL NAME John H. McElroy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: not obtainable (Month) 1 (Day) (Year)

7. AGE: 61 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Livery Man
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Brewer
(Address) Boise

15. Filed 1/27 1912 W. E. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1911, to Jan 22 1912, that I last saw him alive on Jan 21 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Septicemia — Bladder infection

(Duration) yrs. 3 mos. ds.
Contributory (Secondary) Urethral stricture
(Duration) 7 yrs. mos. ds.

(Signed) Eccles M. D.
Jan 22 1912 (Address) Boise, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Alphonsus In the Boise
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. 7 mos. 14 ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: Jan 25 1912

20. UNDERTAKER: Schreiber & Siebenpfeiffer
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

2

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1181

Registered No. 18

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No. 1004

(No. 115½ Main St.)

2. FULL NAME Elizabeth Midwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Oct (Month) 20 (Day) 1828 (Year)

7. AGE: 80 yrs. 3 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: retired Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Rowncown England

10. NAME OF FATHER: George Robertson

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: E. Harrison

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joshua Midwood
(Address) Boise Idaho

15. Filed 1/26 1912 W E Hoffman Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191— to — 191—
that I last saw h— alive on — 191—,
and that death occurred on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:
Did not see patient until after death Cause of death alleged Senility
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Ralph Falk M. D.
1/26 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence. 115½ Main St. Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: 1/28 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise Idaho

Dr. Falk

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1054
(No. St. Lukes Hosp. — St.)

File No. 118
Registered No. 19
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas Fay.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: American white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not known (Month) (Day) (Year)

7. AGE: 19 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Jno Fay.

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER: Mary Haines

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Short
(Address) Boise Ida

15.
Filed 1/27 1912 W. E. Hoppock
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24th 1912, to Jan 25th 1912
that I last saw him alive on Jan 25th 1912,
and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia.

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Springer M. D.
Jan 27 1912 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sturgis S. D.
DATE OF ~~BURIAL~~ Removal: Jan-29-1912.

20. UNDERTAKER: Fry & Summers
ADDRESS: 15 Jefferson Boise.

MARGIN RESERVED FOR PERMANENT RECORD.
WRITE PLAINLY, WITH UNFADING INK—THIS IS ... PHYSICIANS
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1185

Registered No. 21

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1004
(No. 412, State St.)

2. FULL NAME Addie M Shields

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May 28 1870 (Month) (Day) (Year)

7. AGE: 41 yrs. 8 mos. ___ ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: James W Shields

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Catherine Lucks

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Shields
(Address) Caldwell, Idaho.

15. Filed 1/27 1912 W E Lloyd Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 29th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1912 to Jan 28 1912 that I last saw her alive on Jan 28 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism, following from total removal in Ed Sp Institute Goitre. Disease was of 1 yrs duration. (Duration) 1 yrs. mos. ds.

Contributory (Secondary) Ed Sp Institute Goitre (Duration) 1 yrs. mos. ds.

(Signed) L. P. McCalla M. D.

Jan 29 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Alphonsus Hospital
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence. Caldwell. Idaho.

19. PLACE OF BURIAL OR REMOVAL: Caldwell. Idaho

DATE OF BURIAL: 1/31 1912

20. UNDERTAKER: Schreiber & Hilderfaden

ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1184

Registered No. 9

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 412, State St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James E. Brandlette

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Not Obtainable (Month) 1 (Day) (Year)

7. AGE: 57 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Jas Brandlette

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Amanda Brandlette

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas Brandlette
(Address) Boise, Idaho.

15. Filed 1/15 1912 M E Hoppe Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1912, to Jan 14 1912, that I last saw him alive on Jan. 11, 1912, and that death occurred on the date stated above, at 5:30 A. M.

The CAUSE OF DEATH* was as follows:
Nephritis
(Duration) — yrs. Not Known mos. ds.
Contributory (Secondary) Syphilis
(Duration) about 35 yrs. yrs. mos. ds.
(Signed) E. E. Thurman, M. D.
Jan 14 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs. — mos. 7 ds. State yrs. mos. ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: 1/16 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1006
File No. 118
Registered No. 8

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 1405 N. 6 St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hillma Santa Fisk

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 25 (Day) 1911 (Year)

7. AGE: — yrs. — mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None, (Infant)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise, Ada Co. Ida

10. NAME OF FATHER: J. H. Fisk

11. BIRTHPLACE OF FATHER (State or Country): Grant Co. Oregon

12. MAIDEN NAME OF MOTHER: Gertrude McClough

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Fisk
(Address) 1405 N 6 at Boise

15.
Filed 1/8 1912 M. [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1912, to Jan 8 1912
that I last saw her alive on Jan 8 1912,
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Rudolph Fall M. D.
1/8 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Jan 8 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 15 & Jefferson Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1186

Registered No. 6

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 1044
(No. 410, State St.)

2. FULL NAME William B. Knott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1832 (Year)

7. AGE: 80 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Prospector
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sister M. Finton
(Address): Boise, Idaho

15. Filed 1/6 1911
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1911, to Jan 4 1911, that I last saw him alive on Jan 3 1911, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.
Contributory (Secondary): Dropsy
(Duration) 4 yrs. mos. ds.

(Signed) R. L. Elvin M. D.
Jan 6 1911 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St. Alphonsus Hospital in the city
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence: Ada County, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery, County Plot
DATE OF BURIAL: 1/6 1912

20. UNDERTAKER: Schreiber & Sidenfadn
ADDRESS: Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1115 North 12 St.)

File No. 1187
Registered No. 5
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cora E. Long

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow.

6. DATE OF BIRTH: June (Month) 2 (Day) 1854 (Year)

7. AGE: 57 yrs. 7 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer): House work.

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Geo. A. Perry.

11. BIRTHPLACE OF FATHER (State or Country): Conn.

12. MAIDEN NAME OF MOTHER: Eleanor Thorpe

13. BIRTHPLACE OF MOTHER (State or Country): Ohio.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. A. Perry
(Address) Boise Idaho 1115 N. 12 St.

15.
Filed 1/5 1912 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Saw deceased after death
that I last saw h alive on 191,
and that death occurred on the date stated above, at about 1 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) four hours yrs. mos. ds.
Contributory (Secondary) don't know
(Duration) yrs. mos. ds.
(Signed) E. E. Shawhan, M. D.
Jan 4, 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: Jan 6 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Ada Primary Registration District No. 1004
City of Boise (No. 112 E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 1182
Registered No. 4
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edward Hyde

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable (Month) 1 (Day) (Year)

7. AGE: 70 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): London England

10. NAME OF FATHER: Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Marten
(Address) Boise, Idaho.

15. Filed 1/4 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 2nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Jan 1 1912,
and that death occurred on the date stated above, at 5A. M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Jas F. Corr M. D.
19... (Address) City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death. St Lukes Hospital
..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence 52 Main St Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 1/5 1912

20. UNDERTAKER: Schreiber & Siebenfaden — ADDRESS: Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 24 & Park ave St.)

File No. 115
Registered No. 8
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME M. Ruth Smith.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 30 1873 (Month) (Day) (Year)

7. AGE: 38 yrs. 3 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fairfax, Atchison County Missouri

10. NAME OF FATHER: Newton J. Curry

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Julia Bright

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank H. Smith (husband)
(Address) 24th & Park Ave. Boise Idaho

15. Filed Jan 4 1912 M. F. Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1911, to Jan 1 1912 that I last saw her alive on Dec 31 1911, and that death occurred on the date stated above, at 5 a. M.

The CAUSE OF DEATH* was as follows:
La Grippe
from Auto intoxication from dormant bowels
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Weakened vitality 15 yrs.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas W Kingsbury M. D.
Jan 4 1912 (Address) Idaho Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Jan 4 1912

20. UNDERTAKER: Schreiber & Hidenfelder — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1191

Registered No. 2

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1204
(No. 1504 N. 21st St.)

2. FULL NAME Edwin Ray Albee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 9 (Day) 1901 (Year)

7. AGE: 10 yrs. 5 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry business, or establishment in which employed (or employer): at School

9. BIRTHPLACE (State or Country): Boise, Idaho.

10. NAME OF FATHER: Elmer Albee

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Daisey Graham

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Pearson
(Address) Boise

15.
Filed 1/3 1912 M. E. Hopkins, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 22 1911, to Jan 2 1912, that I last saw h alive on 191, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Endocarditis following Rheumatism
(Duration) two yrs. mos. ds.

Contributory (Secondary)
(Duration) two yrs. mos. ds.

(Signed) H. N. Morris M. D.
Jan 3 1912 (Address) 533 Empire Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence. 1504 N. 21st St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: 1/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1191

Registered No. 1

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 912 Jefferson St.)

2. FULL NAME Baby Mill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 31st (Day) 1911 (Year)

7. AGE: — yrs. — mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: Tony Mill

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Stanek Mill

13. BIRTHPLACE OF MOTHER (State or Country): Austria.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tony Mill
(Address) Boise. Idaho

15.
Filed Jan 1st 1912 M. E. Hopkins. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Jan 1 1912, to Jan 1 1912, that I last saw h~~er~~ alive on Jan 1 1912, and that death occurred on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) Prolapsed cord

(Duration) — yrs. — mos. — ds.

(Signed) C. B. Peters M. D.

Jan 1 1911 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery

DATE OF BURIAL: 1/2 1912

20. UNDERTAKER: Schreiber & Siebenfaden

ADDRESS: Boise. Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 119[illegible]

Registered No. 10

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 410, East Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME C. C Heyby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: September 11. 1829 (Month) (Day) (Year)

7. AGE: 82 yrs. 4 mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or Country): Cohoes. New York

10. NAME OF FATHER: Mr Heyby

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Kat Oldenhale

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C B Heyby
(Address) Greeley Colo.

15. Filed 1/16 1911 W E Stoppels Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1912, to Jan 14 1912, that I last saw h[illegible] alive on Jan 13 1912, and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Bronco Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes Hos. In the city of Boise
of death ..... yrs. ..... mos. 4 ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence Boise

19. PLACE OF BURIAL OR REMOVAL: Greeley Colorado

DATE OF BURIAL: Interment Jan 18 1912

20. UNDERTAKER: Schreiber & Heidenfelder

ADDRESS: Boise Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls. (No. ....., ... St.)
File No. 1193
Registered No. 1.
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Curtis Bullock
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July 21 (Month) (Day) 1883 (Year)
7. AGE: 28 yrs. 9 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Joseph Bullock
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Matilda Dunn
13. BIRTHPLACE OF MOTHER (State or Country): Penn.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Bullock
(Address) Idaho Falls
15. Filed Jan 11 1912 J. E. Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 10 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h... alive on — 191...,
and that death occurred on the date stated above, at ... P M.
The CAUSE OF DEATH* was as follows:
Accident due to Freezing in
good part - Died Instantly
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.
(Signed) Wm Cummard M. D.
Jan 11 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Murray Utah — DATE OF BURIAL: June 14 1912
20. UNDERTAKER: Clifford C Hayes — ADDRESS: Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 119½

Registered No. 2

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2027
(No. ____, ____ St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles W Chapin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July 25 (Month) (Day) 1864 (Year)

7. AGE: 47 yrs. 5 mos. ____ ds. IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil Engineer.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York.

10. NAME OF FATHER: Geo Chapin

11. BIRTHPLACE OF FATHER (State or Country): New York.

12. MAIDEN NAME OF MOTHER: Delphine Henion

13. BIRTHPLACE OF MOTHER (State or Country): New York. N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas W. Chapin.
(Address) Idaho Falls

15. Filed Jan 20 1912 C E Hunsaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1912, to Jan 16 1912
that I last saw him alive on Jan 16 1912,
and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)
(Duration) ____ yrs. ____ mos. 3 ds.

(Signed) Wm Cameron M. D.
Jan 20 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs ____ mos ____ ds. In the State ____ yrs ____ mos ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Cem | DATE OF BURIAL: Jan 21 1912

20. UNDERTAKER: Clifford C Hayes | ADDRESS: Idaho Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

JAMES-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1196
Registered No. 11

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Ludwig Meier Nandell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 3 (Day) 1850 (Year)

7. AGE: 61 yrs. 7 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: John Meier Nandell

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Margarett Klusman

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. H. Hunt
(Address) Idaho Falls

15.
Filed Jan 23 1912 J. E. Bennett Local Registrar
By .....

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1911, to Jan 21 1912
that I last saw him alive on Jan 21 1912
and that death occurred on the date stated above, at 8:30 A.M.
The CAUSE OF DEATH* was as follows:
Cancer of Stomach
..... (Duration) ..... yrs. 8 mos. ..... ds.
Contributory (Secondary) —
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. H. Coulthard & W. H. Coon M. D.
Jan 22 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Jan 24 1912

20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1197
Registered No. 5

1. PLACE OF DEATH.
County of Bonneville
City of Iona
Registration District No. 7
Primary Registration District No. 2027
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Stephen Nixon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Feb (Month) 19 (Day) 1836 ~~1913~~ (Year)
7. AGE: 75 yrs. 11 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Stephen H. Nixon
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Pushton
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. C. Nixon
(Address) Iona Idaho
15. Filed Jan 25 1912 J. E. Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 25 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1912 to ... 191...
that I last saw him alive on Jan 18 1912
and that death occurred on the date stated above, at 6 P M.
THE CAUSE OF DEATH* was as follows:
Malassimulation of food
..... (Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Chronic alcoholism previous to 1911 & 1912
..... (Duration) 15 yrs. ... mos. ... ds.
(Signed) G. W. Pendleton M. D.
Jan 24 1912 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Iona Idaho
DATE OF BURIAL: Jan 25 1912
20. UNDERTAKER: G. W. Hunt
ADDRESS: Idaho Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 1198
Registered No. 6
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Mize.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 10 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. 2 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Falls,

10. NAME OF FATHER: Ora Mize

11. BIRTHPLACE OF FATHER (State or Country): Georgia

12. MAIDEN NAME OF MOTHER: Letha A Washburn.

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. J. Mize
(Address) Idaho Falls

15. Filed Jan 25 1912 J E Bennett Local Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
No Physician attending
Whooping Cough

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Crescent Oklahoma — DATE OF BURIAL ..... 191...

20. UNDERTAKER: Clifford Hayes. — ADDRESS: Idaho Falls

C K.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls.
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 3027

File No. 1193
Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Emma Nellie Zadra.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 29 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Falls.

10. NAME OF FATHER: Fred Zada.

11. BIRTHPLACE OF FATHER (State or Country): Austria.

12. MAIDEN NAME OF MOTHER: Anna Fallin

13. BIRTHPLACE OF MOTHER (State or Country): Austria.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Zadra
(Address) Idaho Falls.

15.
Filed Jan 25 1912 J E Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1912 to Jan. 23rd 1912 that I last saw h[illegible] alive on Jan. 23rd 1912, and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory Rheumatic arthritis
(Secondary)
..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) G H Coulter M. D.
Jan 25 1912 (Address) Idaho Falls. Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rose Hill. Idaho Falls Idaho
DATE OF BURIAL: Jan 25 1912

20. UNDERTAKER: Clifford Hayes
ADDRESS: Idaho Falls

HYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2042
County of Idaho Primary Registration District No. 10
City of Cottonwood (No. ....., ... St.)
File No. 1201
Registered No. 6
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Henry Biern
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: March (Month) 4 (Day) 1850 (Year)

7. AGE: 57 yrs. 10 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Luxemburg Germany

10. NAME OF FATHER: Peter Biern

11. BIRTHPLACE OF FATHER (State or Country): Luxemburg

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nick Adehm
(Address) Grave Creek

15. Filed Jany 9 1912 G S Stockton Local Registrar
per Howard Sinclair

TYPO-YORK CO., PRINTERS & RULERS, BOISE 10672

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1911, to Jan 1912 that I last saw him alive on Jan 2d 1912, and that death occurred on the date stated above, at 1 1 A M.

The CAUSE OF DEATH* was as follows:
Aortic Insufficiency.

(Duration) 3 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) J. D. Shinnick M. D.
Jan 8 1912 (Address) Cottonwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cemetery Cottonwood — DATE OF BURIAL: Jan 10 1912

20. UNDERTAKER: Joseph McCluskey — ADDRESS: Cottonwood

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2042
(No. ....., ... St.)

File No. 1203
Registered No. 8
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Francis Emerson Michels

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec 6 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. 1 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: H H Michels

11. BIRTHPLACE OF FATHER (State or Country): Minnesota

12. MAIDEN NAME OF MOTHER: Anna L. Williams

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.H. Michels
(Address) Sharp Ida

15.
Filed 17 Jany 1912 G S Stockton Local Registrar
W B Blake Sub Reg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 16th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany. 6th 1912, to Jan. 14th 1912 that I last saw her alive on Jan. 14th 1912, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:
Empisplas
[redacted]
..... (Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J.W. Turner, M. D.
1-17-1912 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cem Cottonwood — DATE OF BURIAL: Jn 16 1912

20. UNDERTAKER: Acting F. Terhaar — ADDRESS: Cottonwood Id.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1207

Registered No. 7

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2042

Primary Registration District No. 10

County of Idaho

~~City of~~ Joseph Plains (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Vanhoosier

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~. (*Write* the word.) Widower

6. DATE OF BIRTH: November 10 (Month) 1839 (Year)

7. AGE: 52 yrs. 1 mos. 28 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H G Cabson

(Address) Joseph Idaho

15. Filed Jany 5th 1912 G S Stockton Local Registrar

per Woolpert Sub Reg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1912, to Jan 2 1912 that I last saw h[illegible] alive on Jan 2 1912, and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 12 hrs ds.

Contributory (Secondary) Arteria Sclerosis

..... (Duration) 3 yrs ..... mos. ..... ds.

(Signed) J. D. Stockton M. D.

Jan 4 1912 (Address) Cottonwood Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: South Weiser City Missouri DATE OF BURIAL ..... 191...

20. UNDERTAKER: Joseph McCluskey ADDRESS Cottonwood Ida.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

File No. 1205
Registered No. 3

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Esther Louisa Adams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	single

6. DATE OF BIRTH: Jan (Month) 17 (Day) 191- (Year)

7. AGE: — yrs. — mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer) At Missions

9. BIRTHPLACE (State or Country) Grangeville Idaho

10. NAME OF FATHER Harvey E Adams

11. BIRTHPLACE OF FATHER (State or Country) Beloit Kansas

12. MAIDEN NAME OF MOTHER Louisa Janette Wood

13. BIRTHPLACE OF MOTHER (State or Country) Sweetland Calif

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harvey E Adams
(Address) Pollock Idaho

15.
Filed Jan 27 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1912, to Jan 25 1912
that I last saw her alive on Jan 25 1912,
and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Transition

(Duration) ..... yrs. ..... mos. 8 ds.
Contributory (Secondary) about 8 months child gestation
(Duration) — yrs. — mos. 8 ds.

(Signed) G S Stockton M. D.
Jan 25 1912 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Prairie View	Jan 27 1912
20. UNDERTAKER	**ADDRESS**
W E Graham	Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Idaho Primary Registration District No. 1001 File No. 1206
City of Grangeville (No. ....., ... St.) Registered No. 4

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruth Eudora Stephens

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov (Month) 2 (Day) 1911 (Year)

7. AGE: ——— yrs. 2 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: George W Stephens

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Cora A Downing

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George W Stephens
(Address) Grangeville Ida

15. Filed Jan 14 1912 G L Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to Jan 13 1912 that I last saw h——— alive on ——— 191..., and that death occurred on the date stated above, at 2:30 a. M.

The CAUSE OF DEATH* was as follows:
Found the baby dead in bed

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. L. Stockton M. D.
Jan 14 1912 (Address) Grangeville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: Jan 14 1912

20. UNDERTAKER: Cox & Sons — ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1207
Registered No. 3

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001

2. FULL NAME Mildred M Lingo

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 17 (Day) 1885 (Year)

7. AGE: 26 yrs. 4 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Weiser Idaho

10. NAME OF FATHER: A J Henley

11. BIRTHPLACE OF FATHER (State or Country): don't Know

12. MAIDEN NAME OF MOTHER: don't Know

13. BIRTHPLACE OF MOTHER (State or Country): don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O J Lingo
(Address) Grangeville Ida

15.
Filed Jan 12 1912 G. S. Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1912, to Jan 11 1912, that I last saw her alive on Jan 10 1912, and that death occurred on the date stated above, at 6 15 a. M.

The CAUSE OF DEATH* was as follows:
Septic Peritonitis

(Duration) ..... yrs. ..... mos. 8 ds.
Contributory (Secondary) Abortion
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stockton M. D.
Jan 12 1912 (Address) Grangeville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: Jan 13 1911

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

File No. 1208
Registered No. 2

2. FULL NAME J H Haney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Don't Know

6. DATE OF BIRTH Don't Know 1
(Month) (Day) (Year)

7. AGE Don't know about 65 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs.or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (State or Country) Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Olson
(Address) Grangeville Ida

15.
Filed Jan 6 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1912, to Jan 8 1912, that I last saw him alive on Jan 7 1912, and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. L. Stockton M. D.
Jan 8 1912 (Address) G S Stockton

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Prairie View
DATE OF BURIAL Jan 9 1912

20. UNDERTAKER W E Graham
ADDRESS Grangeville

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044

File No. 1209
Registered No. 1
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dwight Irving Baker.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 30 (Day) 1911 (Year)

7. AGE: ..... yrs. 7 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Benjamin Baker

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Lillian Shaddock

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Baker
(Address) Grangeville

15.
Filed Jan 8 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
don't know
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stockton M. D.
Jan 6 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: Jan 7 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

DR. G. S. STOCKTON
Office in Grabski Block

GRANGEVILLE, IDAHO,

The parents were on their way to town with the baby to seek medical advice - the child had been ill a few days. It died before they reached town -

I examined the child and could not ascertain cause of death. They refused P.M. & saw no reason to call coroner -

G S Stockton

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1212
Registered No. 2

1. PLACE OF DEATH.
County of Ramah
City of Soda Springs

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lester Word

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: January (Month) 1 (Day) 1856 (Year)

7. AGE: 56 yrs. 1 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Operated a Saw Mill
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Lester Morion Word

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Jane Lamon

13. BIRTHPLACE OF MOTHER (State or Country): N. H

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charley Foster
(Address) Soda Springs Ida

15. Filed Feb 3 1912 — Ellis Kearney, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1911, to Feb 3, 1912
that I last saw him alive on January 1, 1912
and that death occurred on the date stated above, at 4 9 M.

The CAUSE OF DEATH* was as follows:
Phthisis Pulmonalis

(Duration) 1 yrs. 3 mos. ds.

Contributory (Secondary): None
(Duration) yrs. mos. ds.

(Signed) Ellis Kearney M. D.
Feb 3, 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soda Springs Ida
DATE OF BURIAL: Feb 6, 1912

20. UNDERTAKER: E D Whalen
ADDRESS: Soda Spgs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1214

Registered No. 2

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 2 c
(No. 115, Shelley St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Golley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 3 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many 14 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Blackfoot, Idaho

10. NAME OF FATHER: Geo. K. Golley

11. BIRTHPLACE OF FATHER (State or Country): Logan Utah

12. MAIDEN NAME OF MOTHER: Dora Beggs

13. BIRTHPLACE OF MOTHER (State or Country): Franklin, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Golley
(Address) Blackfoot Idaho

15.
Filed Jan. 3 1912
W. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1912, to Jan. 3 1912
that I last saw him alive on Jan. 3 1912
and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:
Inanation

..... (Duration) ..... yrs. ..... mos. ½ ds.

Contributory (Secondary) —
..... (Duration) ..... yrs. ..... mos. ½ ds.

(Signed) F. C. Mitchell M. D.
Jan. 3 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ft. Hall City Cem. Blackfoot
DATE OF BURIAL: Jan 4 1912

20. UNDERTAKER: Catherine Heese
ADDRESS: Blackfoot Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1215
Registered No. —

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Thomas Ward (No. ——, —— St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Unnamed McBride
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 11 (Day) 1912 (Year)

7. AGE: ....yrs. ....mos. ....ds. IF LESS than 1 day how many 5 hrs. or ....min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): ....

9. BIRTHPLACE (State or Country): Thomas Ward Bingham Co Idaho

10. NAME OF FATHER: John Henry McBride

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Elizabeth Ann Hale

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edwin C McBride
(Address) Thomas Idaho

15. Filed Jan 12 191—
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Investigated, on ... 191..., ~~that I last saw h.. alive on ... 191...~~, and that death occurred on the date stated above, at ... P. M.

The CAUSE OF DEATH* was as follows:
Premature Delivery
7½ months
Unattended

(Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) —— M. D.
19.. (Address) ....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was Disease contracted, if not at place of death?....
Former or usual residence....

19. PLACE OF BURIAL OR REMOVAL: Thomas Riverside Cem. DATE OF BURIAL: Jan 12 1912

20. UNDERTAKER: Marsden Crawford ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1216

Registered No. 13

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. 240 E ~~Bridge~~ St.)

Registration District No. ~~1002~~ 13
Primary Registration District No. 1607

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Fannie Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: April (Month) 27 (Day) 1846 (Year)

7. AGE: 65 yrs. 8 mos. 27 ds. IF LESS than 1 day how many ~~hrs.~~ or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: D Grafton

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Mary Grafton

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Davis M D
(Address) Blackfoot Ida

15. Filed Jan 24 1912 — M E Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 15 1912, to Jan 22 1912, that I last saw her alive on Jany 22-9am 1912 and that death occurred on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Anemia and
Malnutrition

(Duration) — yrs. 1 mos. 4 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J B Davis M. D.

Jany 24 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rose City cem Blackfoot Idaho — DATE OF BURIAL: Jan 24 1912

20. UNDERTAKER: E J Peck. — ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

County of Bingham

City of Blackfoot

(No. 196, Oak — St.)

Primary Registration District No. 1907

File No. 1217

Registered No. 4

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Phoebe Jessie Killion

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 12 (Day) 1885 (Year)

7. AGE: 26 yrs. 6 mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Warren Edmiston

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: Lucy Wolff

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A P Killion

(Address) Martin Idaho

15. Filed Jan 26 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1912, to Jan 24 1912 that I last saw her alive on Jan 24 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Amenorrhea

Brought on by a Cold

(Duration) yrs. 1 mos. ds.

Contributory (Secondary) Gastric Neuroses

(Duration) yrs. mos. 4 ds.

(Signed) John B. Coopman M. D.

Jan 25 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverside Idaho — DATE OF BURIAL: Jan 26 1912

20. UNDERTAKER: E.J Peck — ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Dr.C.A.Hoover, of Blackfoot Idaho, was called and examined Mrs.Phoebe Dressa Killion, two hours before her death, and states that Mrs.Killion died from pneumonia.

Dr.Hoover refused to consult with Dr.? Cooper, and refused to continue in the case as the patient was moribund and death within a few hours seemed inevitable.

I am informed that Dr.Cooper has no legitimate diploma from a reputable medical college, but is practicing medicine by reason of a license issued by the State Board Medical Examiners through confulsion by the Supreme Court of Idaho.

No reputable physician will consult with Dr.Cooper.

M.E. Patric
County Registrar.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 20 File No. 121
City of Laclede, (No. ....., ... St.) Registered No. 78

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: about 20 yrs ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredk W. Didier MD
(Address) Laclede, Idaho

15.
Filed Jan 20 1912 Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 13 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Log struck him while working around a log chute this date

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Fredk W Didier M. D.
Jan 13 1912 (Address) Laclede, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: Jan 20 1912

20. UNDERTAKER: Ezra Brown | ADDRESS: Laclede

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Dr. McKinnon.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 122
Registered No. 2nd

1. PLACE OF DEATH.
County of Bonner
City of Granite

Registration District No.
Primary Registration District No. 233
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wallace

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August (Month) 1 (Day) 1911 (Year)

7. AGE: yrs. 5 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Granite

10. NAME OF FATHER: James A Wallace

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Dean

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15. Filed Jan 31 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 23 1912 to Jany 29 1912 that I last saw h[illegible] alive on Jany 23 1912 and that death occurred on the date stated above, at P M.

The CAUSE OF DEATH* was as follows:
Intussusception of bowels

(Duration) yrs. mos. 7 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frank Hang M. D.
1/29. 1912 (Address) Ka-Kolanan Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: Jan 31 1912

20. UNDERTAKER: E M Bower | ADDRESS: Sandpoint Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 8
Primary Registration District No. 2033
File No. 1221
Registered No. 34

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Geo. W. Hazen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1845 (Year)

7. AGE: 67 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Alice Hazen
(Address) .....

15.
Filed January 8 1912 M. F. Kinney Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 5 (Month) (Day) 191x (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. F. Kinney M. D.
Jan. 8 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: .....
DATE OF BURIAL: Jan. 6 191x

20. UNDERTAKER: Em Brown
ADDRESS: Sandpoint

NYMO-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1222

Registered No. 56

1. PLACE OF DEATH.
County of Bonner
City of Bonners Ferry (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2037

2. FULL NAME Savanah Norton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH: Oct. 15 th. (Month) (Day) 1871 (Year)

7. AGE: 40 yrs. 3 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Nunn

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Mariah Ammason

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. N. Norton
(Address) Bonners Ferry Idaho

15.
Filed Jan. 29 th. 1912. E. E. Fry. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 28 th. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14 th. 1912, to Jan. 28 th. 1912, that I last saw her alive on Jan. 27 th. 1912, and that death occurred on the date stated above, at 1 [illegible] M.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia.

(Duration) One yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Fry M. D.
Jan. 29 th. 1912. (Address) Bonners Ferry.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence Bonners Ferry.

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry — DATE OF BURIAL: Jan 30 1912

20. UNDERTAKER: John D Moore — ADDRESS: B Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1223
Registered No.

1. PLACE OF DEATH.
County of Boundary
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

2. FULL NAME Hannah C. Jurbache

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 4 (Day) 1832 (Year)

7. AGE: 79 yrs. 6 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): White River, Indiana

10. NAME OF FATHER: Joseph Ray

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Hannah C. Ray

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Jurbache
(Address) Bonners Ferry Idaho

15.
Filed Jan. 18th 1912 E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on Jan. 17th 1912,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Senility
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. E. Fry M. D.
Jan 18th 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry
DATE OF BURIAL: January 21 1912

20. UNDERTAKER: John T. Mann
ADDRESS: B. Ferry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1224

Registered No. 5-4

1. PLACE OF DEATH. Registration District No. 8

County of Boundary Primary Registration District No. 2254

City of Bonners Ferry (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kenneth Walter Symonds

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: December (Month) 15 (Day) 1911 (Year)

7. AGE: ..... yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bonners Ferry Idaho

10. NAME OF FATHER Clinton D. Symonds

11. BIRTHPLACE OF FATHER (State or Country) South Dakota

12. MAIDEN NAME OF MOTHER Onga S. Lee

13. BIRTHPLACE OF MOTHER (State or Country) Wallpoten S. D.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clinton D. Symonds
(Address) Bonners Ferry Idaho

15.
Filed Jan. 17th. 1912. E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1912, to Jan. 16th 1912, that I last saw him alive on Jan. 16th. 1912., and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Probably meningitis.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Fry M. D.
Jan. 17th 1912. (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Bonners Ferry — DATE OF BURIAL: Jan 17 1912

20. UNDERTAKER: John J McLaren — ADDRESS: Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.** Registration District No. 8
County of Bonner Primary Registration District No. 8225
City of Bonners Ferry (No. ____, ____ St.)
File No. 1225
Registered No. 53

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Ruth Fidella Matheson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Female

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED** (Write the word)

6. **DATE OF BIRTH** April 11 (Month) (Day) [illegible]

7. **AGE** ____ yrs. 9 mos. 3 ds.
IF LESS than 1 day, how many ____ minutes

8. **OCCUPATION**
(a) Trade, profession, or particular kind of work ____
(b) General nature of industry business, or establishment in which employed (or employer) ____

9. **BIRTHPLACE** (State or Country) Bonners Ferry Idaho

10. **NAME OF FATHER** Otto J. Matheson

11. **BIRTHPLACE OF FATHER** (State or Country) Calumet Mich

12. **MAIDEN NAME OF MOTHER** Hazel B. Ulrich

13. **BIRTHPLACE OF MOTHER** (State or Country) Watertown S.D.

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Otto J. Matheson
(Address) Bonners Ferry Idaho

15. Filed Jan. 15th 1912 E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** January 14 1912
(Month) (Day) (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from Jan. 12th 1912, to Jan. 14th 1912, that I last saw h[illegible] alive on Jan. 14th 1912, and that death occurred on the date stated above, at 1 P. M.

The **CAUSE OF DEATH*** was as follows:
Enteritis followed by meningeal symptoms.

(Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) E. E. Fry M. D.
Jan. 15th 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs ____ mos ____ ds. In the State ____ yrs ____ mos ____ ds.
Where was Disease contracted, if not at place of death? ____
Former or usual residence ____

19. **PLACE OF BURIAL OR REMOVAL** Bonners Ferry — **DATE OF BURIAL** June 16 1912

20. **UNDERTAKER** John J Moore — **ADDRESS** Bonners Ferry

SUMB-YORK CO., PRINTERS & BINDERS. BOISE 16172

Accidental

Form V. S. No. 5. 10M. 6-20-11. CERTIFI

1. PLACE OF DEATH. Registration District No. 8 Bureau of Vi

County of Bonner Primary Registration District No. 2026 File No.

City of Priest River (No. ....., ... St.) Registered No.

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Stella Bossio If death occurred ... institution or can... instead of stree...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: November 30 (Month) (Day) 1911 (Year)

7. AGE: 1 yrs. 2 mos. — ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Henry Bossio

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Annie Caprai

13. BIRTHPLACE OF MOTHER (State or Country): Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mamie Jachetta
(Address) Priest River Idaho

15.
Filed Jan 31 1912 E Newton McCarty, Local Registrar
Mary Cannon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 30 (Month) (Day)

17. I HEREBY CERTIFY, That I attended ... from Jan 30 1912, to Jan 30 ... 12
that I last saw h... alive on Jan 30
and that death occurred on the date stated above, a...
The CAUSE OF DEATH* was as follows:

Accidental Drowning
(Duration) — yrs. — mo
Contributory (Secondary) Pneumonia
(Duration) — yrs. — mo
(Signed) E D McCarty
Jan 30 1912 (Address) Priest ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMIC... ts (1)

18. LENGTH OF RESIDENCE (For Hospitals, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ...
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Priest River DATE ... Jan. 3...

20. UNDERTAKER: none ADDR...

ARMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1227
Registered No. 60

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jennie Louise Bentley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Sept 5 (Month) (Day) 1885 (Year)

7. AGE: 26 yrs. 4 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wis.

10. NAME OF FATHER: Geo. Jennings

11. BIRTHPLACE OF FATHER (State or Country): Wis

12. MAIDEN NAME OF MOTHER: Malleau Minnie

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Bentley
(Address)

15. Filed Feb 6 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January 28 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1st 1912, to January 28 1912 that I last saw her alive on January 28 1912, and that death occurred on the date stated above, at 3 a. M.

The CAUSE OF DEATH* was as follows:
Brights disease

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. P. Strackbone M. D.
Jan. 30 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 14 ds. In the State 4 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lakeview
DATE OF BURIAL: Jan 30 1912

20. UNDERTAKER: [illegible] Brooks
Address: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 3. 10M. 6-30-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH — Registration District No. 6
County of Bonner — Primary Registration District No. 2033 — File No. 1228
City of Sandpoint — (No. ..... St.) — Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Emma McDaniel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: July (Month) 3 (Day) 1891 (Year)

7. AGE: 31 yrs. ..... mos. 20 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: Wm. Pennington

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Abbie Tucker

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward McDaniel
(Address) Kootenai Ida

15. Filed Jan 25 1912 — Emma McKinnon — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1912, to Jan. 23 1912 that I last saw her alive on Jan. 21st 1912, and that death occurred on the date stated above, at 12 00 A M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 22 ds.
Contributory (Secondary) Miscarriage 6 mos ago 6th day
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E B Patterson M. D.
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL: Jan 25 1912

20. UNDERTAKER: E M Brown — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

IVES-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1229
Registered No. 47

1. PLACE OF DEATH.
County of Bonner
City of Sand Point
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 233
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas W Dale

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 70 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brower
(Address) .....

15.
Filed Jan ..... 191.. .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan 11th 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pulmonary Congestion
due to mitral Insufficiency
..... (Duration) 5 yrs. 2 mos. 10 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John S Moody M. D.
1/18 1917 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint
DATE OF BURIAL: Jan 13 1917

20. UNDERTAKER: E M Brower
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1230
Registered No.

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 3
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary A. Baumann

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 55 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: Louis Cozbeck.

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Unknown.

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Baumann
(Address) Dover Ida

15.
Filed Jan 3 191...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1910, to 1912,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 10:27 P M.

The CAUSE OF DEATH* was as follows:
Acute dilation heart Ishmed
judge from my knowledge of
case previously from history

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Arterio-sclerosis

..... (Duration) several yrs. ..... mos. ..... ds.

(Signed) E M Baumann, M. D.
..... 19..... (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: .....
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: E M Baumann
ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 1231
Registered No. 147
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hermine Hudon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: femeal
4. COLOR OR RACE: French
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: 31 January 1849
January (Month) 31 (Day) 1849 (Year)

7. AGE: 62 yrs. 11 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Three rivers P. Q. Canada

10. NAME OF FATHER: Cleastan Garon

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Marie Jck. Farrel

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Hudon
(Address) Sandpoint Idaho

15.
Filed Jan 20 1912 Wm Lamson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1912, to Jan 19 1912
that I last saw her alive on Jan 19 1912,
and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Mitral Insuff. & Cardiac dilatation
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M M Chinn M. D.
Jan 20 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: Jan 22 1912

20. UNDERTAKER: E M Brown ADDRESS: Sandpoint

STAR-TIMES CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perces
City of Near Peck

Registration District No. 16
Primary Registration District No. 2075
(No. ....., ... St.)

File No. 1233
Registered No. 1

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bertha May Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Single

6. DATE OF BIRTH: Sept (Month) 12 (Day) 1910 (Year)

7. AGE: 1 yrs. 3 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nez Perces Co Idaho

10. NAME OF FATHER Ernest Edward Johnson

11. BIRTHPLACE OF FATHER (State or Country) Oreg.

12. MAIDEN NAME OF MOTHER Graham

13. BIRTHPLACE OF MOTHER (State or Country) Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earnest E. Johnson
(Address) Peck Idaho

15. Filed Jan. 5 1912
2-10 1912
J. M. Tyle
Local Registrar
L. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan. 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1911, to Jan. 1 1912
that I last saw h[illegible] alive on Jan. 1 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:

nephritis

..... (Duration) ..... yrs. ..... mos. 20 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. M. Tyle M. D.
Feb. 7 1912 (Address) Peck, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: at Peck. DATE OF BURIAL: Jan. 3 1912

20. ~~UNDERTAKER~~ Arthur Johnson. ADDRESS Peck.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD of HEALTH
Bureau of Vital Statistics
File No. 1234
Registered No. 2

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Chas Renzel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married
6. DATE OF BIRTH: ~~Dec~~ 30 ~~1877~~ (Month) (Day) (Year)
7. AGE: 34 yrs. — mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Nebraska.
10. NAME OF FATHER: Fredrick Nessendorf
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Dorothea Knoll
13. BIRTHPLACE OF MOTHER (State or Country): Germany
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leo Gamble
(Address) .....
15. Filed 2-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: ~~Dec~~ Jan 5th (Month) (Day) 1912
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1912, to Jan 5th 1912 that I last saw h Ex alive on Jan 5th 1912 and that death occurred on the date stated above, at 12-30 M.
The CAUSE OF DEATH* was as follows:
Cut infection Peritonitis due to ruptured appendicitis Operation for same Jan 1st 1912
5 (Duration) 34 yrs. — mos. — ds.
Contributory Operation (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J P Strong M. D.
1-5 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death St Josephs Hospital In the State ..... yrs. ..... mos. 4 ds.
Where was disease contracted, if not at place of death? Near Idaho
Former or usual residence Near Idaho

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida — DATE OF BURIAL: 1-7 1912
20. UNDERTAKER: J Hasson — ADDRESS: Lewiston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1235
Registered No. 8

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Herald E. Edwards.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 12 (Day) 1907 (Year)

7. AGE: 4 yrs. 11 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: (none)
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lewiston Idaho

10. NAME OF FATHER: L. F. Edwards

11. BIRTHPLACE OF FATHER (State or Country): Lewiston Idaho

12. MAIDEN NAME OF MOTHER: Jessie K. Krapp

13. BIRTHPLACE OF MOTHER (State or Country): Iowa,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis F. Edwards
(Address) City Lewiston Ida.

15.
Filed 2-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1912, to Jan 5th 1912
that I last saw him alive on Jan 5th 1912
and that death occurred on the date stated above, at 7:45 P.M.
The CAUSE OF DEATH* was as follows:

Intussesption

(Duration) — yrs. — mos. 4 ds.
Contributory (Secondary) Exhaustion
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. C. Todd M. D.
Jan 6th 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: City Lewiston Ida.
DATE OF BURIAL: 2-7 1912

20. UNDERTAKER: L. Vossar
ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1236
Registered No. 4

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
(No. ....., ... St.)
Registration District No. 16
Primary Registration District No. 1009
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME E. L. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Oct (Month) 4 (Day) 1875 (Year)
7. AGE: 36 yrs. 3 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Master Plumber
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Nebraska,
10. NAME OF FATHER: E. L. Wilson
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Ella M. Berry
13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Wilson
(Address) Lewiston Idaho
15.
Filed 2-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 5 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1912, to Jan 5th 1912 that I last saw him alive on Jan 5th 1912 and that death occurred on the date stated above, at 10-15 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia
Days (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. S. Bourne M. D.
..... 19..... (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: City Lewiston Idaho DATE OF BURIAL: 1-7-1912
20. UNDERTAKER: J. Horsar ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1237
Registered No. 5

1. PLACE OF DEATH.
County of Nezperce
City of Reubens.

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Georgia G. Fuller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 24th (Month) 1878 (Day) 1912 (Year)

7. AGE: 34 yrs. 3 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Richard Barker

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Jenny Patterson Barker

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andy J. Fuller
(Address) Reubens Idaho

15.
Filed 1-7 1912
2-10 1912

E. E. Watts Local Registrar
L. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 24th (Month) 1912 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6th 3 hrs, 1912, to Time of Death Jan 6th 1912 that I last saw h[illegible] alive on 3 hrs before Death 1912 and that death occurred on the date stated above, at 5:45 P. M.

The CAUSE OF DEATH* was as follows:
Neuralgia of Stomach
..... (Duration) 48 hours yrs. ..... mos. ..... ds.
Contributory (Secondary) Congestion of Lungs
..... (Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) J. J. Finnigan M. D.
Jan 6th 1912 (Address) Gifford Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Reubens Idaho
DATE OF BURIAL: Jany 8th 1912

20. UNDERTAKER: W. E. Strickland
ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 123
Registered No. 6

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James B. Olspach.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Mar. (Month) 3 (Day) 1844 (Year)
7. AGE: 67 yrs. 9 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio Olspach
10. NAME OF FATHER: George Olspach
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: ~~Thomas Barry~~ Don't know
13. BIRTHPLACE OF MOTHER (State or Country): Don't know.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles B Olspach
(Address) Lewiston
15. Filed 2-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: (Month) Jany (Day) 9 (Year) 1912
17. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1911, to Jany 9 1912
that I last saw him alive on Jany 9 1912
and that death occurred on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Pleurisy (Hemorrhagic)
(Duration) ..... yrs. 4 mos. ..... ds.
Contributory (Secondary) Heart paralysis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L J Perkins M. D.
1-10 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 1-11-1912
20. UNDERTAKER: J. Hasson
ADDRESS: Lewiston Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1239
Registered No. 7

1. PLACE OF DEATH.
County of Nez Perces
City of Near Peck

Registration District No. 16
Primary Registration District No. 2875
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rufus Kimberly

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 15 (Day) 1870 (Year)

7. AGE: 41 yrs. 3 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer (Farm)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wautsburg Wis

10. NAME OF FATHER: Wesley Kimberly

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Martha Ruby

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C B Bartes
(Address) Juliaetta Ida

15.
Filed Feb 7 1912
2-10 1912 J. M. Tuple Local Registrar
R.G. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 18 1912 to Jany 22 1912 that I last saw h[illegible] alive on Jany 22 1912 and that death occurred on the date stated above, at 3:20 PM

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Jones M. D.
Feb 7 1912 (Address) Peck Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cemetery Nez Perces Co Ida
DATE OF BURIAL: Jan. 25 1912

20. ~~UNDERTAKER~~
ADDRESS
C B Bartes Juliaetta

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1240
Registered No. 8

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Zada Keer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 25 (Day) 09 (Year)

7. AGE: 3 yrs. — mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Harby Ida.

10. NAME OF FATHER: G. W. Keer

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Lora Griffith

13. BIRTHPLACE OF MOTHER (State or Country): Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. B. Howard
(Address) Lewiston Ida.

15.
Filed 2-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1912, to Jan 28 1912, that I last saw her alive on Jan 28 1912 and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Uterine Peritonitis Septic

..... (Duration). ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Tonsilitis & Pneumonia
..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) J. F. Hurlbut M. D.
Jan 28 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: 1/29 1912

20. UNDERTAKER: J. Wasson — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Lewis - Ida
City of Vollmer -

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. R 1242
Registered No. 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lemuel Harper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 29 (Day) 1871 (Year)

7. AGE: 41 yrs. 6 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa, Clark Co.

10. NAME OF FATHER: O. L. Harper

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Martha Lee

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. P. Gorn
(Address) Coeur D'a Lene Ida.

15.
Filed Jan 5th 1913. Chas. A. Lyons Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1 1912, to Jan 3 1912
that I last saw h~~im~~ alive on Jan 3 1912
and that death occurred on the date stated above, at 8. P M.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Valvular Lesions
..... (Duration) 35 yrs. ..... mos. ..... ds.

(Signed) E. L. Burke M. D.
1 4 1912 (Address) Vollmer Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Central Ridge Cemetery Ida
DATE OF BURIAL: Jan 5 1912

20. UNDERTAKER: L D Leonard
ADDRESS: Vollmer Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. M 1243
Registered No. 9

1. PLACE OF DEATH.
County of Lemhi
City of Winchester

Registration District No. 82
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Billups

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan 27 (Month) 27 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds.
IF LESS than 1 day how many ... hr. or ... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Winchester, Idaho

10. NAME OF FATHER: F. Otto Billups

11. BIRTHPLACE OF FATHER (State or Country): W. Va.

12. MAIDEN NAME OF MOTHER: Gladys Cooper

13. BIRTHPLACE OF MOTHER (State or Country): Wisc

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F Otto Billups
(Address) Winchester

15.
Filed 1-27 1912 Eleanor B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1912, to Jan 27 1912 that I last saw her alive on Jan 27 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Instrumental Delivery

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Occipito-posterio-presentation
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eleanor B. Rogers M. D.
Jan 27 1912 (Address) Winchester

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery
DATE OF BURIAL: Jan 28 1912

20. UNDERTAKER: No Undertaker employed
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

County of Blaine — Primary Registration District No. 2022 — File No. 1243

City of Near Picabo — (No. ....., ... St.) — Registered No. 1

If death occurs away from usual residence, give facts called for under special information. — 2. FULL NAME Samuel B Southard — If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht	Married

6. DATE OF BIRTH: July (Month) 10 (Day) 1878 (Year)

7. AGE: 33 yrs. 6 mos. 20 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Geo W Southard

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Matilda J Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J P Broadie
(Address) Picabo Idaho

15. Filed Feb 2 at 1912 — Robert H Smyth — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 31 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Had no Physician M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Picabo Ida — DATE OF BURIAL: Feb [illegible] 191[illegible]

20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1240
Registered No. 2

1. PLACE OF DEATH.
County of Blaine
City of Clyde
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024

2. FULL NAME Anna Violetta Larson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 13 (Day) 1881 (Year)

7. AGE: 30 yrs. 8 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Willard Utah.

10. NAME OF FATHER: William Chandler

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Marion Erickson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. O. Larson
(Address) Jasper, Idaho.

15.
Filed Jan 26 1912 D W Matthaei M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1912, to Jan 26 1912.
that I last saw h alive on Jan 26 1912,
and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Septic peritonitis of unknown origin following Small Pox.
(Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) Small Pox
(Duration) ..... yrs. about mos. 14 ds.
(Signed) D W Matthaei M. D.
Jan 26 1912 (Address) Ayres, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clyde
DATE OF BURIAL: Jan 26 1912

20. UNDERTAKER (acting): D W Matthaei
ADDRESS: Ayres

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Brights Dis

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2022
(No. ——, ——— St.)

File No. 124
Registered No. 4
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Kenneth Irwin Dennison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH: Jan (Month) 8 (Day) 1912 (Year)

7. AGE: ——yrs. ——mos. 4 ds. IF LESS than 1 day how many ——hrs. or ——min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho Co

10. NAME OF FATHER Earl P. Dennison

11. BIRTHPLACE OF FATHER (State or Country) Nebraska

12. MAIDEN NAME OF MOTHER Flora Crow

13. BIRTHPLACE OF MOTHER (State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl P Dennison
(Address) Bellevue

15. Filed Jan 12 1912 Robert H Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1912, to Jan 12th 1912, that I last saw him alive on Jan 8th 1912, and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Anemia

(Duration) ——yrs. ——mos. 1 ds.

Contributory (Secondary) —

(Duration) ——yrs. ——mos. ——ds.

(Signed) Robert H Wright M. D.

Jan 12 1912 (Address) Hailey Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ——yrs. ——mos. ——ds. In the State ——yrs. ——mos. ——ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bellevue — DATE OF BURIAL: Jan 13 1912

20. UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. [illegible] M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1251
Registered No. 3

1. PLACE OF DEATH.
County of Clearwater
City of Orofino

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza Jane Youmans

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Sept (Month) 1 (Day) 1841 (Year)

7. AGE: 70 yrs. 4 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Aaron Mercer

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Raymond E. Youmans
(Address) Melrose Ida

15.
Filed Jany 6 1912 J. M. Fairley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1911, to Jany 5 1912 that I last saw h alive on Jany 4 1912 and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion

(Duration) 2 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Fairley M. D.
Jany 6 1912 (Address) Orofino, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oro Fino Ida
DATE OF BURIAL: Jan 7 1912

20. UNDERTAKER: P. Flannery
ADDRESS: Oro Fino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1252
Registered No. 6

1. PLACE OF DEATH.
County of Clearwater
City of Orofino.
(No. ....., ... St.)
Registration District No. 17
Primary Registration District No. 2078
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eliza Morras

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed.

6. DATE OF BIRTH: Jan, (Month) 11, (Day) 1912. (Year)

7. AGE: 84 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England.

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Graves
(Address) Orofino, Ida

15.
Filed Jany 31 1912 J. M. Tacky Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan, (Month) 11 (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1911, to Jan 11, 1912. that I last saw her alive on 10 Jan, 1912. and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Convulsions - dementia.

..... (Duration) ..... yrs. ..... mos. 4. ds.
Contributory (Secondary) dementia.
..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) J. W. Graves M. D.
Jan 11 1912 (Address) Orofino, Idaho.

(State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Asylum Cemetery — DATE OF BURIAL: Jany 14 1912

20. UNDERTAKER: P. F. Larsen — ADDRESS: Orofino, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form U. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1253
Registered No. 3

1. PLACE OF DEATH.
County of Clearwater.
City of Orofino.
(No. ....., ... St.)

Registration District No. 17
Primary Registration District No. 2078

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amanda Teague —

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH: June (Month) 24 (Day) 1859. (Year)

7. AGE: 52 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Texas.

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W. Graves.
(Address) Orofino, Ida

15.
Filed Jany 31 1912 J. M. Fawley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 24. (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1911, to Jan 24 1912 — that I last saw h er alive on Jan 17. 1912 — and that death occurred on the date stated above, at 11P. M.

The CAUSE OF DEATH* was as follows:
Epilepsy

..... (Duration) 10 yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno W Graves M. D.
Feb. 8 1912. (Address) Orofino, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asylum Cemetery	Jany 26 1912

20. UNDERTAKER	ADDRESS
J. J. Larson	Orofino Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 29
Primary Registration District No. 2102
(No. ....., ... St.)

File No. 1254
Registered No. 1

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Carl Mertz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 20 (Day) 1865 (Year)

7. AGE: 46 yrs. [illegible] mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrician
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Otto Mertz

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary E Lay

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto Mertz
(Address) Burley

15.
Filed Feb. 9 1912. V R Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1912, to Jan 26 1912
that I last saw him alive on Jan 26 1912,
and that death occurred on the date stated above, at 9:30 M.

The CAUSE OF DEATH* was as follows:
Electric burn

..... (Duration) ..... yrs. ..... mos. 1½ ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J B Kennedy M. D.
Jan 26 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida
DATE OF BURIAL: Jan 28 1912

20. UNDERTAKER: W A Goodman
ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1255
Registered No. 2

1. PLACE OF DEATH.
County of Cassia
City of Albion
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 39
Primary Registration District No. 3015

2. FULL NAME Richard K. Lessey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 27 (Day) 1847 (Year)

7. AGE: 65 yrs. 5 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizabeth Kember

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Truman Lessey
(Address)

15. Filed Jan 29 1912 V. P. Tillar Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1912, to Jan 29 1912, that I last saw h[illegible] alive on Jan 29 1912, and that death occurred on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) ..... yrs. ..... mos. 19 ds.

Contributory (Secondary) -

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

Jan 29 1912 (Address) Albion

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Albion Cemetery — DATE OF BURIAL: Jan 31 1912

20. UNDERTAKER: W. A. Goodman — ADDRESS: Rupert

TIMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Jerome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2017
(No. ....., ... St.)

File No. 1256
Registered No. 7
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Minnie Gregg Holmes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 15 (Day) 1887 (Year)

7. AGE: 40 yrs. 2 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fayetteville NY

10. NAME OF FATHER: John Gregg

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Janet Smeaton

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M A Holmes
(Address) Jerome Ida

15.
Filed Jan 20 1912 E. P. Pike Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 14 1912, to Jany 18 1912, that I last saw her alive on Jany 17 1912, and that death occurred on the date stated above, at 5 a M.

The CAUSE OF DEATH* was as follows:
Laryngeal diphtheria
(Duration) ~~yrs.~~ ~~mos.~~ 2 ds.
Contributory (Secondary) Bronchial Pneumonia
(Duration) ~~yrs.~~ ~~mos.~~ 2 ds.

(Signed) John F Schoonmaker M. D.
Jany 18 1912 (Address) Jerome Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jerome Cemetary
DATE OF BURIAL: Jan 18 1912

20. UNDERTAKER: O A L Harrison
ADDRESS: Jerome Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1259
Registered No. 2

1. PLACE OF DEATH.
County of Washington
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 1010
(No. ..., State St. Bendom Hotel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edward Buck

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 65 yrs. ... mos. ... ds. about
IF LESS than 1 day how many ... hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labourer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. W. Bowen
(Address) Weiser, Ida.

15. Filed Jan 21st 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. 21 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1911, to Jan 21st 1912 that I last saw h[illegible] alive on ... 191... and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis;
[illegible] died in Hotel,
(Duration) — yrs. — mos. — ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) W. R. Hamilton M. D.
Jan 21st 1912 (Address) Weiser Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Idaho — DATE OF BURIAL: 1/23 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idah
BOARD OF HEA
Bureau of Vital Sta

1. PLACE OF DEATH.
County of Washington
City of Meander

Registration District No. 26
Primary Registration District No. 2113
(No. ....., ... St.)

File No. 126
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hartel Vintris

If death occurred in a hos stitution or camp give it instead of street and nu

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) (Day) 1904 (Year)

7. AGE: 8 yrs. 6 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nothing
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Vintris

11. BIRTHPLACE OF FATHER (State or Country): Kans

12. MAIDEN NAME OF MOTHER: Alice Harold

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Vintris
(Address) Meander

15. Filed Jan 23 1917 Faschmitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 16 (Day)

17. I HEREBY CERTIFY, That I attended deceased
Jan 15 - 1912, to Jan 16
that I last saw him alive on Jan 16
and that death occurred on the date stated above, at 2

The CAUSE OF DEATH* was as follows:
Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 1

Contributory (Secondary) acute nephritis

..... (Duration) ..... yrs. ..... mos. 5

(Signed) Faschmitz
Jan 17 1912 (Address) Medical

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Inst'
Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Medrale
DATE OF B: Jan 17 1

20. UNDERTAKER: T. G. Kay
ADDRESS: Medrale

N. B.—Every item of information should be carefully supplied. All questions should be answered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, and not classified. Exact statement of OCCUPATION is very important. See instructions.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. A permanent RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1261
Registered No. 15

1. PLACE OF DEATH. Registration District No. 18
County of Cassia Primary Registration District No. 2119
City of Whitney (No. Sarah E. Beckstead St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah E. Beckstead

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 7 (Month) 8 (Day) 1847 (Year)

7. AGE: 68 yrs. 6 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer Housewife
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Hampshire England

10. NAME OF FATHER: William Cubbins

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Sarah M Darlow

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Beckstead
(Address) Whitney Idaho

15. Filed Jan 23 1912 [signature] Local Registrar

Jan 17 1912
Eby

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 11 1912, to January 17 1912 that I last saw h[illegible] alive on Jan 17 1912 and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Pericarditis

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Rheumatism
(Duration) ½ yrs. ..... mos. ..... ds.

(Signed) Dr. A. Canfield M. D.
Jan 17 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Whitney — DATE OF BURIAL: Jan 21 1912

20. UNDERTAKER: A. J. Hanson — ADDRESS: Preston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STAR-YORK CO., LITHOGRAPHERS & BINDERS. 6-17-1911

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1263
Registered No. 10

1. PLACE OF DEATH.
County of Oneida
City of .....
(No. ....., ... St.)

Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kate Mabile Wayland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 2 (Month) 11 (Day) 1900 (Year)

7. AGE: ..... yrs. 11 mos. 20 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER Walter R Wayland

11. BIRTHPLACE OF FATHER (State or Country) Not Known

12. MAIDEN NAME OF MOTHER Rozella Hogan

13. BIRTHPLACE OF MOTHER (State or Country) Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos G. Stubblefield
(Address) Preston R. R. 2

15.
Filed Jan 21 1912
Jan 24 1912
July
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows: Given as probably pneumonia. There was no physician in attendance

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. G. Stubblefield M. D.
1/21 1911 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clifton — DATE OF BURIAL: Jan. 21 1912

20. UNDERTAKER: P. J. Hansen — ADDRESS: Preston, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMES-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1263
Registered No. 15

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Idaho Primary Registration District No. 2119
City of Preston (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John D Davis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Man
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year): 12 29 1838

7. AGE: 73 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin Wales

10. NAME OF FATHER: Stevens Davis

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin Wales

12. MAIDEN NAME OF MOTHER: Mad Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Davis
(Address) Preston Idaho

15. Filed Jan 23 1912 — Jan 7th 1912 — W. O. Ray, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
(Month) January (Day) 20 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1911, to Jan 20 1912
that I last saw him alive on Jan 20 1912
and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Cardiac Dropsy
.....
.....
(Duration) ..... yrs 5 mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. W. Caufield M. D.
Jan 22 1912 (Address) Preston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho — DATE OF BURIAL: Jan 24 1912

20. UNDERTAKER: G. F. Hansen — ADDRESS: Preston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STATE PRINT CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1264
Registered No. 12

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 18
County of Cassia Primary Registration District No. 207
City of American Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chestra Leroy Laning

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 1 (Month) 28 (Day) 1912 (Year)

7. AGE: 9 yrs. 11 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Washington

10. NAME OF FATHER Roy Laning

11. BIRTHPLACE OF FATHER (State or Country) Washington

12. MAIDEN NAME OF MOTHER Mary MacLean

13. BIRTHPLACE OF MOTHER (State or Country) Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy Laning
(Address) American Falls Id

15. Filed Jan 30 1912 R. T. Nott Local Registrar
Jan 7th 1912
Feby

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1912 to Jan 28th 1912 that I last saw him alive on Jan 28th 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Left Lobar Pneumonia followed by an Intermittent General edema ending with convulsions
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard T. Nott M. D.
Jan 30 1912 (Address) American Falls Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls DATE OF BURIAL: Jan 31 1912

20. UNDERTAKER: Harry R Hagen ADDRESS: American Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO. PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1265
Registered No. 11

1. PLACE OF DEATH.
County of Cassia
City of American Falls (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 207

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles William Mueller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: Jan. 4 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): American Falls.

10. NAME OF FATHER: Charles Mueller

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Estella Smith

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard F. Mort
(Address) American Falls Ida

15. Filed Jan 15th 1912
Recd & Regd Jan 17 1912
Febry 7
R. F. Mort Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1912, to Jan 14th 1912
that I last saw him alive on Jan 14th 1912
and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Low vitality and a very severe kidney and bladder trouble after birth an abscess under the jaw.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard F. Mort M. D.
Jan 15 1912 (Address) American Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls
DATE OF BURIAL: Jan 16 1912

20. UNDERTAKER: H. R. Hagar
ADDRESS: American Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17-43

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1266
Registered No. 10

1. PLACE OF DEATH.
County of Oneida
~~City~~ of Malad
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 2019
(No. ....., ... St.)

2. FULL NAME Florence Charlesworth

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 31 (Day) 1910 (Year)

7. AGE: 1 yrs. 5 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Malad, Oneida Co.

10. NAME OF FATHER: John Charlesworth

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Jane Holden

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M Charlesworth
(Address) Malad

15.
Filed Jan 5 1912
Jan 7 1912
Feby
S. D. Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
I was not in attendance but death was probably due to pneumonia.
..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Richard F. Nolte M. D.
Jan 5th 1912 (Address) American Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: Jan 6 1912

20. UNDERTAKER: No undertaker in attendance. — ADDRESS: Malad Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SIMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1265
Registered No. 8

1. PLACE OF DEATH.
County of Oneida
City of Fairview (No. ....., ... St.)

Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Rawlings

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Jan (Month) 8 (Day) 1835 (Year)

7. AGE: 85 yrs. 11 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Richard Rawlings

11. BIRTHPLACE OF FATHER (State or Country): Wootshire England

12. MAIDEN NAME OF MOTHER: Sarah Knipsford

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Rawlings
(Address) Preston R 2 Box 3 Ida

15. Filed Jan 6th 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1911, to Jan 2 1912, that I last saw him alive on Jan 1 — 1912 and that death occurred on the date stated above, at 7a M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) Captitis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G W State M. D.
Jan 3 1912 (Address) Franklin Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fairview Ida	Jan 5 1912
20. UNDERTAKER	ADDRESS
Edwin Bodily	Fairview Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1269
Registered No. 11

1. PLACE OF DEATH.
County of Latah
City of Country Home near Garfield
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

2. FULL NAME Dan C. Gibbs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: July (Month) 26 (Day) 1832 (Year)

7. AGE: 79 yrs. 6 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Elijah Gibbs

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Amanda Clark

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bertha Gibbs
(Address) Garfield, Wash. R.3

15.
Filed Jan 28 1912
J F Rose
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1907 or 1908, to Jan 28 1912
that I last saw him alive on Jan 28 1912
and that death occurred on the date stated above, at 12 P M.

The CAUSE OF DEATH* was as follows:
Coma following Nephritis with severe chronic syphilis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic Syphilis (severe)
25 to 30 (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Dartt M. D.
Jan 30 1912 (Address) Palouse Wash

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fosset, Idaho
DATE OF BURIAL: Jan. 30. 1912

20. UNDERTAKER: F. L. Swim
ADDRESS: Garfield, Wash.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1270
Registered No. 3

1. PLACE OF DEATH.
County of Latah
City of Moscow-

Registration District No. 15
Primary Registration District No. ~~36~~ 1008
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alice Irene Campbell-

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Jan- 18 (Month) (Day) 1909 (Year)

7. AGE: 2 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Potlatch, Idaho.

10. NAME OF FATHER J. J. Campbell-

11. BIRTHPLACE OF FATHER (State or Country) Kansas-

12. MAIDEN NAME OF MOTHER Emma Berry-

13. BIRTHPLACE OF MOTHER (State or Country) Oregon-

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Campbell
(Address) Potlatch Ida. Latah Co.

15. Filed Jan 3 1912 — E F Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 28 1911, to Jan. 3 1912
that I last saw her alive on Jan. 3 1912
and that death occurred on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:
General Septicaemia
Peritonitis

..... (Duration) ..... yrs. ..... mos. 9 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman a. mem. M. D.
Jan. 4 1912 (Address) Moscow. Ida-

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Troy Idaho — DATE OF BURIAL: Jan 5 1912

20. UNDERTAKER: E Anderson — ADDRESS: Palouse

Mark

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1271
Registered No. 4

1. PLACE OF DEATH.
County of Latah
City of Joel

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Myron Hinman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 11 (Day) 1852 (Year)

7. AGE: 59 yrs. 2 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Edwin Hinman

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Hinman
(Address) Moscow Idaho.

15.
Filed Jan 18 1912 L M Liskel (Deputy) Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1912., to Jan. 18 1912. that I last saw h— alive on Jan. 6 1912 and that death occurred on the date stated above, at 5-45 M.

The CAUSE OF DEATH* was as follows:
Cancer of stomach

(Duration) 10 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Clark M. D.
19 (Address) Moscow Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Reclaimer, cemetery — DATE OF BURIAL: Jan 20 1912

20. UNDERTAKER — ADDRESS: [redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. 1008
File No. 1272
Registered No. 7

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John M Foster

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 18 (Day) 1865 (Year)

7. AGE: 46 yrs. 6 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oxford Ind

10. NAME OF FATHER: Enoch Foster

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary Gastill

13. BIRTHPLACE OF MOTHER (State or Country): Ind

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Caroline Foster
(Address) Genesee

15.
Filed Jan 29 1912
L O McClintock (Deputy) Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1912, to ..... 191..
that I last saw h..... alive on ..... 191..
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Gun shot in Head
suicide

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L B Mc Easton Coroner M. D.
Jan 29 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Jan 29 1912

20. UNDERTAKER: Geo Stetz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. 1008
File No. 1273
Registered No. 16

1. PLACE OF DEATH
County of Latah
City of Moscow (No. [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Virgil J Armstrong

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Jan (Month) 29 (Day) 1912 (Year)
7. AGE: [redacted] yrs. 5 mos. 5 ds. IF LESS than 1 day how many 9 hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Cornwall Ida.
10. NAME OF FATHER: Joshua Armstrong
11. BIRTHPLACE OF FATHER (State or Country): California
12. MAIDEN NAME OF MOTHER: Lulla Harris
13. BIRTHPLACE OF MOTHER (State or Country): Wash
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph A Lobert
(Address) Moscow #2 Idaho
15. Filed Feb 5 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February 4th (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan-29th 1912 to date 1912
that I last saw h[illegible] alive on Feb-1st 1912
and that death occurred on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:
Uraemic convulsions.
Anuria
6 (Duration) yrs. mos. 6 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
Feb 4 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow Cemetery
DATE OF BURIAL: Feb 5 1912
20. UNDERTAKER: Steltz
ADDRESS: Moscow Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1224
Registered No.

1. PLACE OF DEATH.
County of Latah
City of Genesee
Registration District No. 14
Primary Registration District No. ~~97~~ 1008
(No. 57, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rachel Wanchuenter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: 1911
(Month) (Day) (Year)

7. AGE: 81 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Abraham Moore

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E W Vandevanter
(Address) Moscow

15.
Filed Jan. [redacted] 1912
D W Reid (Deputy) Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1911, to Jan 4 1912
that I last saw her alive on June 25 1911
and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:
General Debility
(Duration) 2 yrs. 2 mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Joseph Aspray M. D.
Jan 4 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Buchanan — DATE OF BURIAL: Jan 6 1911

20. UNDERTAKER: Geo Stoltz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

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Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. ~~77~~ 1008
File No. 1275
Registered No. 3

1. PLACE OF DEATH.
County of Latah
City of Moscow, (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James A. Grant

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 10 (Day) 1856 (Year)

7. AGE: about ~~56~~ yrs. 7 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Van Buren Mich.

10. NAME OF FATHER: Jacob. Grant.

11. BIRTHPLACE OF FATHER (State or Country): Ross Co. Ohio

12. MAIDEN NAME OF MOTHER: Junis Carley.

13. BIRTHPLACE OF MOTHER (State or Country): Jennings Co. Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. F. McAlpeters
(Address) Garfield, Wash

15.
Filed Jan 16 1912 W. H. Corbett (C.R.C.) Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 16" (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2" 1912, to Jan 16" 1912 that I last saw him alive on Jan 16" 1912 and that death occurred on the date stated above, at 9⁰⁵ a M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

15 mins. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Carothers M. D.
Jan 16" 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. 2 weeks
In the Leland Hospital State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Unknown.
Former or usual residence Garfield, Wash.

19. PLACE OF BURIAL OR REMOVAL: Garfield, Wash.
DATE OF BURIAL: Jan 17 1912

20. UNDERTAKER: Geo. Stetty
ADDRESS: Moscow, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. 1008
File No. 1276
Registered No.

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stella A Town

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 6 (Day) 1894 (Year)

7. AGE: 26 yrs. 6 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: H E Burr.

11. BIRTHPLACE OF FATHER (State or Country): Don't Know,

12. MAIDEN NAME OF MOTHER: Anna Frazier

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sherman Town
(Address) Moscow.

15.
Filed Jan 13 1912 L C M Sinkel (Deputy) Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1912, to Jan 12 1912, that I last saw h[illegible] alive on Jan 12 1912 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. N. Clark M. D.

Jan 13 1912 (Address) Moscow Id.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow,

DATE OF BURIAL: Jan 13 1912

20. UNDERTAKER: Lee Stell

ADDRESS: Moscow

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No. 13
Primary Registration District No. 2067
(No. ....., ... St.)

File No. 1278
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ivan Klabucar

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1890 (Year)

7. AGE: 21 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): Potlatch Lum. Co

9. BIRTHPLACE (State or Country): Kergun, Austria

10. NAME OF FATHER: Martin Klabucar

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Katherina Klabucar

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Steve Brsa
(Address) Bovill, Idaho.

15. Filed Jan 28th 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. 26th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25th 1912, to Jan 26th 1912
that I last saw him alive on Jan 26th 1912
and that death occurred on the date stated above, at 3.30 A.M.

The CAUSE OF DEATH* was as follows:
Tree falling upon him causing injury to head. Brain shall Fracture of skull and left leg & thigh (Front)
(Duration) ..... yrs. ..... mos. 3/3 ds.

Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
Jan 28th 1912 (Address) Bovill, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bovill Idaho
DATE OF BURIAL: Jan 29th 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1279
Registered No. 9

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
Registration District No. 15
County of Fatah
Primary Registration District No. 2068
City of Avon (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John VanHooke

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: Nov. (Month) 3 (Day) 184[illegible] (Year)

7. AGE: 67 yrs. 2 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer.
(b) General nature of industry business or establishment in which employed (or employer): farming

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Benjimen Vanhooke

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Rachel Louzader

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. G. Brooks
(Address) Avon, Ida.

15. Filed Jan. 29 1912 P. O. Faust Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 28. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1912, to Jan. 28 1912
that I last saw h[illegible] alive on Jan. 25 1912
and that death occurred on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:
Chr. Parenchymatous nephritis

..... (Duration) 4 yrs. [illegible] mos. [illegible] ds.
Contributory (Secondary) Heart complication as secondary comp[illegible]
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) P. O. Faust M. D.
Jan. 29 1912 (Address) Deary,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Avon Cemetery
DATE OF BURIAL: Jan. 30 1912

20. UNDERTAKER: none
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1280
Registered No. 78

1. PLACE OF DEATH.
County of Latah
City of Deary.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2068
(No. ....., ... St.)

2. FULL NAME Hilda B. Olson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single
6. DATE OF BIRTH: Oct. (Month) 7. (Day) 1895 (Year)
7. AGE: 16 yrs. 3 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: student
(b) General nature of industry business or establishment in which employed (or employer): "
9. BIRTHPLACE (State or Country): Iowa
10. NAME OF FATHER: Halvor K. Olson
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Thorbor Bundal
13. BIRTHPLACE OF MOTHER (State or Country): Norway.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Halvor K Olson
(Address) Deary Ida
15.
Filed Jan. 29 1912 W. Stanet.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from No attendance 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: "Cerebral hemorrhage"
Showed over hope
from Dr. Wirk, Moscow
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. C. Wirk M. D.
Jan 16 1912 (Address) Moscow Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Troy Cemetery — DATE OF BURIAL: Jan. 18 1912
20. UNDERTAKER: none — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1281

Registered No. 77

1. PLACE OF DEATH.

County of Latah

City of Potlatch -

Registration District No. V61. 15.

Primary Registration District No. 2066

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Delphina Nuzzio

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female.	White.	Single.

6. DATE OF BIRTH: Dec. (Month) 8 (Day) 1911 (Year)

7. AGE: ..... yrs. ..... mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country) Potlatch.

10. NAME OF FATHER Gerino. Nuzzio.

11. BIRTHPLACE OF FATHER (State or Country) Italy.

12. MAIDEN NAME OF MOTHER Marie. Boyglion.

13. BIRTHPLACE OF MOTHER (State or Country) Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father.
(Address) Potlatch Idaho.

15. Filed Jan. 3. 1912 D. Jr. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 3. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1911, to Jan. 3 1912, that I last saw her alive on Dec. 20 - 1911 and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus.

..... (Duration) ..... yrs. ..... mos. 26 ds.

Contributory (Secondary) Asthenia from premature birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.D. Thompson M. D.

Jan 3 1912 (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Potlatch Cemetery.	Jan. 4 1912.
20. UNDERTAKER	ADDRESS
Parents.	Potlatch. Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. k 1282
Registered No. 18

1. PLACE OF DEATH.
County of Latah
City of Pallatch
Registration District No. 15
Primary Registration District No. 2066
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nellie S Sallee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. (Write the word.): married

6. DATE OF BIRTH: January (Month) 19 (Day) 1884 (Year)

7. AGE: 28 yrs. — mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hour Keeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: M Sullivan

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Do not know

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J F Sallee
(Address) Pallatch Idaho

15.
Filed Jan 31 1912 D. W. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1911, to Jan. 30 1912
that I last saw her alive on Jan. 25 1912
and that death occurred on the date stated above, at 10:30 A.M.
The CAUSE OF DEATH* was as follows:
(Initial insufficiency)
Chronic valvular heart Disease
(Duration) 8 yrs. — mos. — ds.
Contributory (Secondary) Acute inflammatory Rheumatism
(Duration) 10 yrs. 2 mos. 10 ds.
(Signed) D. W. Thompson M. D.
Jan 31 1912 (Address) Potlatch Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF BURIAL OR~~ REMOVAL: Kalispell Mont
DATE OF BURIAL: Feb 5 1912

20. UNDERTAKER: E Anderson
ADDRESS: Palouse

Work

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1283
Registered No. 14

1. PLACE OF DEATH. Registration District No. 15
County of Shoshone Primary Registration District No. 2063
City of Greenes (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Premature Birth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 1 (Month) 19 (Day) 1912 (Year)

7. AGE: ___ yrs. ___ mos. ___ ds.
IF LESS than 1 day how many ... 7 ... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Greece

10. NAME OF FATHER: D Rodgers

11. BIRTHPLACE OF FATHER (State or Country): Wash

12. MAIDEN NAME OF MOTHER: Pearl Edwards

13. BIRTHPLACE OF MOTHER (State or Country): Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Edens
(Address) Greenes

15. Filed Jan 20 1917 W. H. Edens Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1912 to ..... 191..
that I last saw h[illegible] alive on Same day 1912
and that death occurred on the date stated above, at 11 30 M.

The CAUSE OF DEATH* was as follows:
Lack of Gestation
Premature 7 mos

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Edens M. D.
1-19 1912 (Address) Greenes

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [redacted] DATE OF BURIAL: 1-20 1912

20. UNDERTAKER: J. E. Lambert ADDRESS: Greenes Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1284
Registered No. 15

1. PLACE OF DEATH.
County of Latah
City of Genesee
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2562
(No. ....., ... St.)

2. FULL NAME Cora Esther Ramsey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Aug (Month) 1st (Day) 1874 (Year)

7. AGE: 37 yrs. 5 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Page Co Iowa

10. NAME OF FATHER: J.S. Rogers

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary E. McLaughlin

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O.C. Pearson
(Address) Lewiston Idaho

15. Filed 1-25 1912 W.H. Cohen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 24 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1912, to January 24 1912
that I last saw her alive on Jan 10th 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Toxemia from
Pulmonary Tuberculosis
..... (Duration) ..... yrs. 6 mos. 23 ds.
Contributory (Secondary) Pulmonary Tuberculosis
..... (Duration) ..... yrs. 6 mos. 23 ds.
(Signed) O.C. Pearson M. D.
1-24 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Genesee Idaho
DATE OF BURIAL: 1-26 1912

20. UNDERTAKER: F.E. Lambert
ADDRESS: Genesee Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 125
Registered No. 13

1. PLACE OF DEATH.
County of Latah
City of near Juliaetta (No. ....., ... St.)

Registration District No. .....
Primary Registration District No. 2064

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME —

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 3 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 4 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): near Juliaetta

10. NAME OF FATHER: Edgar Kent

11. BIRTHPLACE OF FATHER (State or Country): Nova Scotia

12. MAIDEN NAME OF MOTHER: Emma Morgan

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edgar Kent
(Address) Juliaetta Ida

15. Filed Jan 3 1912 J. E. Hoyt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Jan 3 1912
and that death occurred on the date stated above, at 8 9 M.
The CAUSE OF DEATH* was as follows:
Premature birth 7 Months

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) unknown
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. E. Hoyt M. D.
Jan 3 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Juliaetta
DATE OF BURIAL: 1 4 1912

20. UNDERTAKER: none
ADDRESS: —

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. S 1281
Registered No. 12

1. PLACE OF DEATH.
County of Latah.
City of Juliaetta,
(No. ....., ... St.)
Registration District No. .....
Primary Registration District No. 0127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant child of J. E. Fleshman Jr.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January (Month) 2 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Juliaetta, Idaho.

10. NAME OF FATHER: J. E. Fleshman Jr.

11. BIRTHPLACE OF FATHER (State or Country): Missouri,

12. MAIDEN NAME OF MOTHER: Dora Kite.

13. BIRTHPLACE OF MOTHER (State or Country): Wash.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Fleshman Jr.
(Address) Leland Ida

15.
Filed Jany 13 1912 S. A. Roe
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 12. 1912., to Jany 13 1912 that I last saw him alive on Jany 12 1912 and that death occurred on the date stated above, at 2 p. M.

The CAUSE OF DEATH* was as follows:
Peritonitis -

..... (Duration) ..... yrs. ..... mos. 1½ ds.
Contributory (Secondary) Obstruction of bowels.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. A. Roe M. D.
Jan. 13 1912 (Address) Juliaetta, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Juliaetta, Ida. DATE OF BURIAL: Jan 13 1912

20. UNDERTAKER: None ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

37

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20

County of Elmore Primary Registration District No. 2021

City of Glenn's Ferry (No. ....., ... St.)

File No. 1287

Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mike Nashi

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Yellow

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct. (Month) 27 (Day) 1875 (Year)

7. AGE: 36 yrs. 3 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Section laborer
(b) General nature of industry business or establishment in which employed (or employer): O.S.L. R.R.

9. BIRTHPLACE (State or Country): Japan

10. NAME OF FATHER: Kinbei Nashi

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: Doit Sanno

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ryozo Uchiyama
(Address) Glenn's Ferry Idaho

15.
Filed 2—3 1912 W. L. Frazier
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 26 1912, to Jan 27, 1912 that I last saw him alive on Jan 27 1912, and that death occurred on the date stated above, at 7. P. M.

The CAUSE OF DEATH* was as follows:
Carbon Monoxide poisoning

..... (Duration) ..... yrs. ..... mos. 1½ ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Davis M. D.
Jan 27 1912 (Address) Glenn's Ferry Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Idaho
DATE OF BURIAL: Jan. 29 1912

20. UNDERTAKER: J. M. Cowen
ADDRESS: Mt. Home Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exceptions should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Entirement of OCCUPATION is very important. See instructions on back of certificate.

STAR-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1289
Registered No.

1. PLACE OF DEATH.
County of Elmore
City of Mountainhome (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020

2. FULL NAME Ed Hurt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: about 45 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Porter on U.P.R.R.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Fragier
(Address) Mtn Home Ida

15.
Filed 1—7 1912 W.L. Fragier
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
1 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Death was sudden. Findings hypertrophied heart would subject to accumed from Valvular lesion (Duration) Doubtful yrs. mos. ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Fragier M. D.
1—7 1912 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Omaha Neb
DATE OF BURIAL ..... 191...

20. UNDERTAKER: J.M. Cowan
ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

YMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1290
Registered No. 1

1. PLACE OF DEATH. Registration District No. 2 0
County of Latimer Primary Registration District No. 2020
City of Mountain Home (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Phoebe Ann Pallas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb 22 (Month) (Day) 1834 (Year)

7. AGE: 77 yrs. 11 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Duties
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Marshall Town Nova Scotia

10. NAME OF FATHER: Phillip Dowling

11. BIRTHPLACE OF FATHER (State or Country): Nova Scotia

12. MAIDEN NAME OF MOTHER: Jane Balcom

13. BIRTHPLACE OF MOTHER (State or Country): Nova Scotia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lloyd Martin
(Address) Mountain Home Ida

15.
Filed Jan 27 1912 W. L. Frazier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 1912, to Jan 26 1912, that I last saw h[illegible] alive on Jan 26 1912, and that death occurred on the date stated above, at 830 A M.

The CAUSE OF DEATH* was as follows:
Typhoid fever, on Jan 26 Cerebral hemorrhage
Excund
(Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) Cerebral Hemorrhage
(Duration) ..... yrs. ..... mos. 7 ds.
(Signed) W. L. Frazier M. D.
Jan 27 1912 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountainhome — DATE OF BURIAL: Jany 28 1912

20. UNDERTAKER: J M Cowen — ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1291
Registered No. 6

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot, Id.

Registration District No. 15
Primary Registration District No. 1007
(No. Idaho Insane Asylum)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frederick Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1844 (Year)

7. AGE: 67 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stone Mason
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances H Poole
(Address) Blackfoot, Idaho

15. Filed Feb 6th 1912 — W. E. Pettit, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1911, to Jany 30 1912
that I last saw him alive on Jany 30 1912
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Killed by being run over by railroad train

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances H Poole M. D.
Feby 6 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 0 yrs. 3 mos. 10 ds. In the State ? yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Basalt, Ida.

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asylum Cemetery
DATE OF BURIAL: Feb. 2 1912

20. UNDERTAKER: F H Poole, Mid Supt
ADDRESS: Blackfoot, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1292
Registered No. 5

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. 290, Cash St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Martha Buckley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 27 (Day) 1845 (Year)

7. AGE: 66 yrs. 7 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Henry Chas Hart

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Marguite Boles

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Hunter
(Address) Blackfoot Idaho

15. Filed Jan 25 1912 M. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1911, to Jan. 24 1912
that I last saw her alive on Jan 24 1912
and that death occurred on the date stated above, at 3 a M.
The CAUSE OF DEATH* was as follows:

Cerebral Anemia

(Duration) 1 yrs. 0 mos. 0 ds.
Contributory (Secondary) Cardiac Asthma
(Duration) 12 yrs. mos. ds.

(Signed) F. W. Mitchell M. D.
Jan 24 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Ridlon Scales
DATE OF BURIAL: 191

20. UNDERTAKER: E Peck
ADDRESS: Blackfoot Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Lincoln — Primary Registration District No. 2014
City of Gooding — (No. ____, ____ St.)
File No. 1294
Registered No. 9
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Aggie Edwards

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (~~Widowed~~)

6. DATE OF BIRTH: August (Month) 6th (Day) 1889 (Year)

7. AGE: 22 yrs. 5 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Knobnoster, Mo.

10. NAME OF FATHER: J. D. Renfroe

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Baxter.

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs P. A. Gilliam,
(Address) Gooding, Idaho.

15.
Filed Jan 16th 1912 — T. V. Cox, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1911, to Jan 14th 1912 that I last saw her alive on Jan 14th 1912, and that death occurred on the date stated above, at 12:30 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia - following measles - & pelvic inflammation
(Duration) ____ yrs. — mos. 3 ds.
Contributory (Secondary) Pelvic peritonitis
(Duration) ____ yrs. ____ mos. 10 ds.

(Signed) J. H. Cromwell M. D.
Jan 15 1912 (Address) Gooding Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding Cemetery — DATE OF BURIAL: Jan 15 1912

20. UNDERTAKER: A E Thompson — ADDRESS: Gooding Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1295

Registered No. 1

1. PLACE OF DEATH.
County of Lincoln
City of Hagerman
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2013
(No. ....., ... St.)

2. FULL NAME Bryant

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 21 (Day) 1912 (Year)

7. AGE: — yrs. 8 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer) —

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Henry Bryant

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Rose Washington

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Hagerman.

15. Filed Feb 5 1912 W. W. Marshall Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1912, to Jan 29 1912, that I last saw h[er] alive on Jan 29 1912, and that death occurred on the date stated above, at 6a.M.

The CAUSE OF DEATH* was as follows:
Failure to close of the
Fetal opening between
Left auricle

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) Bronchitis

(Duration) ..... yrs. 1 mos. 6 ds.

(Signed) W. W. Marshall M. D.
Feb 5 1912 (Address) Hagerman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jof Cemetery
DATE OF BURIAL: Feb 1 1912

20. UNDERTAKER —
ADDRESS —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: ***Measles*** (disease causing death), ***29 ds.***; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2014

County of Lincoln Primary Registration District No. 2014

City of Goodings (No. ..... St.)

File No. 1297

Registered No. 0

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME C. Franklin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH Dec 26 1906
Goodings 1
(Month) (Day) (Year)

7. AGE 5 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Child
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Goodings Idaho

10. NAME OF FATHER Chas Franklin

11. BIRTHPLACE OF FATHER (State or Country) Mo.

12. MAIDEN NAME OF MOTHER Hattie B Burnett

13. BIRTHPLACE OF MOTHER (State or Country) Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A T Cary
(Address) Goodings Idaho

15. Filed 1-24- 191 2 A T Cary MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 23 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1911, to Jan-23 191 2
that I last saw him alive on Jan 23 191 2
and that death occurred on the date stated above, at 4:30 a M.

The CAUSE OF DEATH* was as follows:
Acute Broncho Pneumonia
Mitral Stenosis Dropsy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A T Cary MD M. D.
1-24 191 2 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Interred — DATE OF BURIAL Jan-25 191 2

20. UNDERTAKER A E Thompson — ADDRESS Goodings Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 129
Registered No. 6

1. PLACE OF DEATH
County of Lincoln
City of Jerome
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2017

2. FULL NAME Margaret Fenny Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 28 (Day) 1911 (Year)

7. AGE: 0 yrs. 0 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Lincoln

10. NAME OF FATHER: Sam Smith.

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Flavia Sidwell

13. BIRTHPLACE OF MOTHER (State or Country): Bingham Utha

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Smith
(Address) Jerome Ida

15. Filed Jan 2nd 1912 E. D. Piper Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1911, to Jan 1 1912
that I last saw her alive on Jan 1 1911,
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Lack of vitality
Premature Birth
(Duration) — yrs. — mos. 3 ds.
Contributory (Secondary) Prem Births
(Duration) — yrs. — mos. 3 ds.

(Signed) E. D. Piper M. D.
Jan 20 1912 (Address) Jerome

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jerome Cemetary — DATE OF BURIAL: Jan 2 1912

20. UNDERTAKER: D. L. Howsare — ADDRESS: Jerome Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Shoshone Primary Registration District No. 2816
City of Dudrich (No. ....., ... St.)
File No. 1293
Registered No. 5
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Edwin Anton Johnson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULA[illegible]

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRI[illegible] OWED OR DIVO: Baby (Write the word.)

6. DATE OF BIRTH
5:30 PM (Month) Feb (Day) 3 [illegible]

7. AGE 18 Hours
yrs. mos. ds.
IF LESS how many ... min

8. OCCUPATION none
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Dubrich

10. NAME OF FATHER Salom John

11. BIRTHPLACE OF FATHER (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Chabina Kram[illegible]

13. BIRTHPLACE OF MOTHER (State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNO[illegible]E

(Informant) J. Anton Johnson
(Address) Dubrich Idaho

Feb 5 1912 C. J[illegible]
Loca[illegible]ar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1912, to Feb 4 1912, that I last saw him alive on Feb 3 1912, and that death occurred on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:
Acute gastro-enteritis

(Duration) 10 hours yrs. mos. ds.
Contributory (Secondary) Drinking Poison
(Duration) yrs. mos. ds.

(Signed) D. S. Lightcap M. D.
19 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone — DATE OF BURIAL: Feb 5 1912

20. UNDERTAKER: D. J. Brennan — ADDRESS: Shoshone

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI[illegible] should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state- OCCUPATION is very important. See instructions on back of certificate.

BYRNE-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1307
Registered No. 3

1. PLACE OF DEATH. Registration District No. 6
County of Lincoln Primary Registration District No. 2016
City of Shoshone (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME anna McIvor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow
6. DATE OF BIRTH: ..... (Month) ..... (Day) ..... (Year)
7. AGE: ..... yrs. 75 mos. ..... ds. IF LESS THAN ONE DAY how many ..... minutes or hours
8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Scotland
10. NAME OF FATHER: John Patterson
11. BIRTHPLACE OF FATHER (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: anna Shaw
13. BIRTHPLACE OF MOTHER (State or Country): Scotland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lynne La Mun
(Address) Shoshone Ida
15.
Filed Jan 17 1912 C. F. Geller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 1909, to Jan 16 1912
that I last saw her alive on Jan 16 1912,
and that death occurred on the date stated above, at 11:30 M.
The CAUSE OF DEATH* was as follows:
Senile degeneration of nervous system.
beginning in optic tracts and
terminating in general nervous degeneration
(Duration) 2 yrs. 3 mos. 15 ds.
Contributory (Secondary) Hard work
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
Jan 16 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone — DATE OF BURIAL: Jan 19 1912
20. UNDERTAKER: O S Brennan — ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

EVENS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. Soldiers Home St.)

File No. 1301
Registered No. [redacted]
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Nethaniel Kimball

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white, American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Do not Know (Month) (Day) (Year)

7. AGE: 70 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Civil War Veteran,
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): not Known

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Burnett
(Address) Soldiers Home

15.
Filed Jan 2, 1912 G. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
1 (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1911, to Jan 1st 1912, that I last saw h[redacted] alive on Dec 31 1911, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A Pilling Er M. D.
1/2 1912 (Address) Moffe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery
DATE OF BURIAL: Jan 3 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: 157 Jeff, Boise

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1302
Registered No.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. Soldiers Home St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Geo Young

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: American White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

7. AGE: 83 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Vetran
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not Known

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home

15.
Filed Jan 15 1912 E. E. Sheahan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
1 (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to 1/15 1912
that I last saw h. alive on 1/13 1912,
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Senility
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Fred A Tibbetts M. D.
1/15 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery
DATE OF BURIAL: Jan 16 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: 15th Jefferson Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

YES-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1303
Registered No. 4

1. PLACE OF DEATH.
County of Ada
City of Eagle
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2002
(No. ____ ____ St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary A. Mead

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: December (Month) 18 (Day) 1850 (Year)

7. AGE: 61 yrs. 1 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Retired Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Arkansaw

10. NAME OF FATHER: Elij[illegible] Roy.

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Elizabeth Widner

13. BIRTHPLACE OF MOTHER (State or Country): Alabama

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. N. Brashears.
(Address) Eagle Idaho

15.
Filed Jan 25 1912
Jan 27 1912 E. E. Sherlock Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 24th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 191, to [illegible] 191, that I last saw h[illegible] alive on [illegible] 191, and that death occurred on the date stated above, at 4.40 P. M.

The CAUSE OF DEATH* was as follows:

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ M. D.

19 (Address) Eagle Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ____ In the
of death ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery
DATE OF BURIAL: 1/26 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO.—PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1304
Registered No. 5

1. PLACE OF DEATH. Registration District No. /
County of Ada Primary Registration District No. 2004
City of County Farm (No. Ada County Farm St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME J. A. Hicklen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) (Day) 1842 (Year)

7. AGE: 69 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer on
(b) General nature of industry business, or establishment in which employed (or employer): Ada County Farm

9. BIRTHPLACE (State or Country): not obtainable

10. NAME OF FATHER: Mr. Hicklen

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: Mrs Hicklen

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. Evans
(Address) Ada County Farm

15. Filed Jan. 29, 1912 G. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1912, to Jan 28, 1912 that I last saw him alive on Jan 26, 1912, and that death occurred on the date stated above, at 7. A. M.

The CAUSE OF DEATH* was as follows:
Dilitation of Heart

(Duration) ... yrs. 1 mos. ... ds.
Contributory (Secondary) Inebriety & Bronchitis
(Duration) ... yrs. ... mos. ... ds.

(Signed) G. E. Shawhan, M. D.
Jan 28, 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery County Plat 8 — DATE OF BURIAL: 1/31 1912

20. UNDERTAKER: Schreiber & Siddefaden — ADDRESS: Boise. Idaho.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1305
Registered No. 6

1. PLACE OF DEATH.
County of Ada
City of Near Ustick
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003
(No. Near Ustick St.)

2. FULL NAME Mrs Graham Mc Donald

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: not Obtainable (Month) (Day) 1832 (Year)

7. AGE: 80 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: retured Housekeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: John Douglas.

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. J. Mc Donald
(Address) Ustick. Idaho

15.
Filed Jan 27 1912 C. L. Dutton
Feb 10, 1912 E. E. Strawhun Local Registrar
Dr. Dutton Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1912, to Jan. 26 1912, that I last saw h[illegible] alive on Jan. 25 1912, and that death occurred on the date stated above, at 4 9 M.

The CAUSE OF DEATH* was as follows:
Facial Erysipelas

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jr Carl Nisp M. D.
Jan. 26 1912 (Address) Star

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery
DATE OF BURIAL: 1/28 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise, Idaho

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Whitman.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada. Primary Registration District No. 2002
City of Eagle (No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 1306
Registered No. 7
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James David Gordon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Oct. (Month) 2 (Day) 1895 (Year)
7. AGE: 16 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Missouri
10. NAME OF FATHER: James Gordon
11. BIRTHPLACE OF FATHER (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Elisbeth Hogue
13. BIRTHPLACE OF MOTHER (State or Country): Missouri
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Gordon
(Address) Eagle
15. Filed Feb. 7 1912. W. W. Whitman
Feb. 10, 1912 E. E. Shawley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 6 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 1911, to Jan 1912, that I last saw him alive on about Jan 5 1912, and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) about 1 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ralph Falls M. D.
2/7 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Town of Peace Star Ida — DATE OF BURIAL: Feb 8 1912
20. UNDERTAKER: Frye & Summers — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1307
Registered No. 8

1. PLACE OF DEATH.
County of Ada
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2004
(No. Soldiers Home St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jessie Mathew Stanner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower
6. DATE OF BIRTH: Feb (Month) 15 (Day) 1844 (Year)
7. AGE: 68 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Veteran of Civil
(b) General nature of industry business or establishment in which employed (or employer): War
9. BIRTHPLACE (State or Country): Indiana
10. NAME OF FATHER: Not Obtainable
11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable
12. MAIDEN NAME OF MOTHER: Not Obtainable
13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Bennett
(Address) Soldiers Home
15. Filed Feb 16 1912 G. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2/16 (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 1908 1908, to Feb 16 1912 that I last saw him alive on Feb 15 1912, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Cystitis Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jud. A. Fitzgerald M. D.
2/16 1912 (Address) Noble Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemt
DATE OF BURIAL: Feb 17 1912
20. UNDERTAKER: Frye & Summers
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form No. V. S. 972 Rev. 1911.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1305
Registered No. 19

1. PLACE OF DEATH
Registration District No. [redacted] 9
County of Fremont
Primary Registration District No. 2038
City of St. Anthony (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry C. Harshbarger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Mar. 5 (Month) (Day) 1840 (Year)

7. AGE: 71 yrs. 10 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate (retired)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: John Harsh barger

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: — Kesslar

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. C. Harshbarger
(Address) St. Anthony Ida.

15. Filed Feb. 10 1912 Ray Smith M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 25 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1912, to Jan. 25 1912
that I last saw h.im alive on Jan. 25 1912,
and that death occurred on the date stated above, at 10-12 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration) ? yrs. ..... mos. ..... ds.
Contributory (Secondary) Uraemic Coma
(Duration) ..... yrs. ..... mos. 5 ds.
(Signed) J. R. Eby M. D.
Jan. 26 1912 (Address) St. Anthony

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodbine — DATE OF BURIAL: Jan. 27 1912

20. UNDERTAKER: Wm. D. Yager — ADDRESS: St. Anthony

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1309
Registered No. 13

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2037
City of Driggs (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Howard Jacobson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July 19 (Month) (Day) 1909 (Year)

7. AGE: 2 yrs. 6 mos. 5 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Geo. Jacobson

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: — Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laurits Jacobson
(Address) Driggs - Idaho

15. Filed 1-24 1912 M. P. Crisler
Local Registrar
for Dr. Rayl Sikes,

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 24 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1912, to Jan. 23 1912 that I last saw him alive on Jan. 23 1912, and that death occurred on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. P. Crisler M. D.
Jan. 24 1912 (Address) Driggs - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Darby — DATE OF BURIAL: Jan. 24 1912

20. UNDERTAKER: J. F. Driggs — ADDRESS: Driggs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

437

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1311

Registered No. 15

1. PLACE OF DEATH.
County of Fremont
City of Clawson
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2037

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank J. Bush

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Jan. 16 (Month) 1831 (Day) (Year)

7. AGE: 80 yrs. 11 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: John J. Bush

11. BIRTHPLACE OF FATHER (State or Country): Prussia

12. MAIDEN NAME OF MOTHER: ——

13. BIRTHPLACE OF MOTHER (State or Country): Prussia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. J. Bush
(Address) Ruby - Idaho

15.
Filed Jan. 1 1912 M. P. Crisler Local Registrar
For D. Ray Parker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1911, to Dec. 31 1911 that I last saw him alive on Dec. 31 1911, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Retention of urine
caused by Enlarged prostate

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. P. Crisler M. D.
Jan. 1 1912 (Address) Driggs - Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Driggs
DATE OF BURIAL: Jan. 4 1912

20. UNDERTAKER: J. F. Griggs
ADDRESS: Driggs

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Independence (No. ....., ... St.)
File No. 1312
Registered No. 12

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Andrew J. Simmons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar. 17 (Month) (Day) 1864 (Year)

7. AGE: 47 yrs. 10 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Leven Simmons

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Lydia R. Fisher

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. J. Simmons, Jr.
(Address) Rexburg, R. F. D. #1

15. Filed 1-19-12 1912 G. G. Espe Local Registrar
for R. Ray Fisher, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1-19 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1907, to Jan. 1912, that I last saw him alive on Jan. 18 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiancy and Ch. nephritis

..... (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Walker M. D.
Jan 20 1912 (Address) Rexburg - Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ovrton — DATE OF BURIAL: 1-22 1912

20. UNDERTAKER: John O Phillips — ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1315
Registered No. 16

1. PLACE OF DEATH
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Albert G. Parrson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 13 (Month) (Day) 1892 (Year)

7. AGE: 19 yrs. 7 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Peter Abrahamson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Lervine Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carl J. Peterson
(Address) Rexburg

15.
Filed 2-9 1912 G. G. Espe Local Registrar
For D. Kay Ricks

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1912, to Feb. 8 1912
that I last saw him alive on Feb. 8 1912,
and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph W Walker M. D.
2-9 1912 (Address) Rexburg - Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 2-11 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Fremont
City of Salem
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2039

File No. 1314
Registered No. 17
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Anna M. Klingler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov. 3 (Month) (Day) 1859 (Year)

7. AGE: 52 yrs. 3 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Heinzmann

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gaitfield Klingler
(Address) Salem

15. Filed 2-3 1912 G. G. Espe Local Registrar
for D. Ray Wickes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on ..... 191...,
and that death occurred on the date stated above, at 5-30 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. G. Shuffe M. D.
2-3 1912 (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 2-6 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1315

Registered No. 18

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Victor Eschler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May 29 (Month) (Day) 1907 (Year)

7. AGE: 4 yrs. 8 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Rexburg

10. NAME OF FATHER: Fred Eschler

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Minnie Schulz

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alf. Eschler
(Address) Rexburg

15. Filed 2-1 1912 G. G. Eshe Local Registrar
for Dr. Ray Riley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 31 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1912, to Jan. 31 1912
that I last saw him alive on Jan. 31 1912,
and that death occurred on the date stated above, at 2-15 P. M.

The CAUSE OF DEATH* was as follows:
Exhaustion following
Scarlitina - malignant

(Duration) ..... yrs. 1 mos. 4 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. C. Ormsby M. D.
2-1 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 2-2 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. SO198 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1316
Registered No. 20

1. PLACE OF DEATH
County of Fremont
City of Archer
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2039

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Blanche J. Grover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar. 7 (Month) 1894 (Day) (Year)

7. AGE: 17 yrs. 10 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: W. J. Young

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Sharp

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Marshall Grover
(Address): Archer

15. Filed Jan. 15 1912 G. G. Eshe Local Registrar
for Dr. Clay H. Baker.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1912, to Jan. 13 1912, that I last saw h.ser alive on Jan. 11 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Septicemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Improperly prepared Labor case.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Walker M. D.
Jan. 14 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Archer
DATE OF BURIAL: 1-15 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Fremont
City of Archer
(No. ..., ... St.)

Registration District No. 9
Primary Registration District No. 2039

File No. 1317
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Caroline E. Grover

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar. 12 (Month) (Day) 1882 (Year)

7. AGE: 29 yrs. 10 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Marshall Grover

11. BIRTHPLACE OF FATHER (State or Country): Ills.

12. MAIDEN NAME OF MOTHER: Isabell Orr

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. F. Grover
(Address) Archer

15.
Filed 1-26 1917 G. G. Espe. Local Registrar
for Dr. Ray H. Fiske.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 23 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1917, to Jan. 23 1917 that I last saw h.s. alive on Jan. 23 1917, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Strangulation by Cystic Goiter

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Joseph Walker M. D.
Jan. 26 1917 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Archer
DATE OF BURIAL: Jan. 27 1917

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

AYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 131
Registered No. 22

1. PLACE OF DEATH.
County of Fremont
City of Spring Mountain (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039

2. FULL NAME Jas. T. Nichols

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June 23 (Month) (Day) 1910 (Year)

7. AGE: 1 yrs. 6 mos. 29 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Independence

10. NAME OF FATHER: Albert R. Nichols

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Anna Jackson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert R. Nichols
(Address) Archer

15. Filed Jan. 22 1912 G. G. Espe Local Registrar
for Dr. Raymond

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 20 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1912, to Jan 20 1912, that I last saw h[er] alive on Jan 20 1912, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Acute Appendicitis ~~Lobar~~ Septicemia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Walker M. D.
Jan. 24 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Archer — DATE OF BURIAL: Jan. 22 1912

20. UNDERTAKER: C. R. Young — ADDRESS: Rexburg.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1319

Registered No. 23

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Fremont
City of Menan
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

2. FULL NAME Merina Clifford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec. 12 (Month) (Day) 1905 (Year)

7. AGE: 7 yrs. 1 mos. 11 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: A. N. Clifford

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Alice A. Cidder

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. N. Clifford
(Address) Menan

15. Filed Jan. 24 (Feb. 3) 191? J. E. Melton M.D. Local Registrar
for Dr. Ray White

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 23 (Month) (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15 191?, to Jan. 23 191?
that I last saw her alive on Jan. 23 191?,
and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Lepto Meningitis
Nephritis
Sequalae to Scarlet Fever
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Nephritis - Double otitis media
(Duration) ..... yrs. ..... mos. 15 ds.
(Signed) J. E. Melton M. D.
19 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Menan
DATE OF BURIAL: Jan. 24 191?

20. UNDERTAKER: M. J. Peck.
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

IVES-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Fremont
City of Garfield
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

File No. 1324
Registered No. 24
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lafayette Widerburg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec. 29 (Month) (Day) 191' (Year)

7. AGE: ..... yrs. 1 mos. 5 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): ~~Orlando~~ Idaho Widerburg

10. NAME OF FATHER: Orlando ~~Utah~~ Widerburg

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Maud Arnold

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orlando Widerburg
(Address) Garfield

15. Filed Feb. 3 1912 Ray R. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1912, to Feb. 3 1912 that I last saw him alive on Feb. 3 1912, and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Infantile convulsions following acute intestional indigestion
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray R. Fisher M. D.
Feb. 3 1912 (Address) Rigby - Idaho,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grant
DATE OF BURIAL: Feb. 5 1912

20. UNDERTAKER: W. J. Peck & Sons.
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Rigby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

File No. 1321
Registered No. 25
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Feb. Jan. 14 (Month) (Day) 1832 (Year)

7. AGE: 80 yrs. ..... mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer (retired)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Johnson

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. S. Johnson
(Address) Rigby - Idaho

15. Filed Feb. 10 191 2 — Ray [illegible] M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 7 (Month) (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 191 0, to Feb. 191 2 that I last saw him alive on Feb. 1 191 2, and that death occurred on the date stated above, at 11-30 M.

The CAUSE OF DEATH* was as follows:
Organic Heart disease
(Mitral regurgitation)

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary): old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Paxton M. D.
Feb. 11 191 2 (Address) Rigby - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City — DATE OF BURIAL: 2-11 191 2

20. UNDERTAKER: M. J. Peck & Sons. — ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

WYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Spirit Lake

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

File No. 1322
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Duam

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 24 (Day) 1872 (Year)

7. AGE: 39 yrs. 1 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dray man
(b) General nature of industry business or establishment in which employed (or employer): Self employed

9. BIRTHPLACE (State or Country): Lacrosse Wis

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Brindley
(Address) Spt Lake

15.
Filed Feby 10 1917 D D Brannan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 30 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1917, to Jan 30 1917
that I last saw h[illegible] alive on Jan 30 1917
and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:
Coughlung Lung Bef

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Zach S Brady M.D.
Jan 30 1917 (Address) Spirit Lake Id.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake
DATE OF BURIAL: Jan 30 1917

20. UNDERTAKER: Dr. Brindley
ADDRESS: Spt Lake

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. 1003

(No. ....., ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1325
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Kootenai
City of Elva

2. FULL NAME Ruth Parsons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH
(Month) (Day) (Year): 1890

7. AGE: 22 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: wife
(b) General nature of industry business *or establishment in* which employed (or employer):

9. BIRTHPLACE (State or Country): Minn

10. NAME OF FATHER: C C Long

11. BIRTHPLACE OF FATHER (State or Country): N Y

12. MAIDEN NAME OF MOTHER: Nellie Bells

13. BIRTHPLACE OF MOTHER (State or Country): N York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J L Parsons
(Address) Elva

15. Filed Feb 10 1912 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1912, to Jan 30 1912 that I last saw her alive on Jan 31 1912 and that death occurred on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(Duration) — yrs. — mos. 7 ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.

*(Signed) J C Thompson M. D.

Jan 30 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shepherd's Spokane — DATE OF BURIAL: 191

20. UNDERTAKER: S J Lewis — ADDRESS: Elva

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1324
Registered No. 11

1. PLACE OF DEATH.
County of Kootenai
City of C d A

Registration District No. 14
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

Infant daughter of

2. FULL NAME M Hutchins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Jan 27 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: -
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Coeur d Alene

10. NAME OF FATHER: M Hutchins

11. BIRTHPLACE OF FATHER (State or Country): Wis

12. MAIDEN NAME OF MOTHER: Francis Finney

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M Hutchins
(Address) C d A

15. Filed July 10 1912 D. L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 29 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1912, to Jan 28 1912 that I last saw her alive on Jan 28 1912 and that death occurred on the date stated above, at 1.00 P M.

The CAUSE OF DEATH* was as follows:
Congenital Heart disease

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry E Dahlen M. D.
Jan 29 1912 (Address) Coeur d'Alene, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Lawn C d A — DATE OF BURIAL: Jan 30 1912

20. UNDERTAKER: S J Lewis — ADDRESS: C d A

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1325
Registered No. 10

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d Alene

Registration District No.
Primary Registration District No. 1003
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rosalla Stull

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: Jan 28 (Month) (Day) 1846 (Year)

7. AGE: 66 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: John Trollman

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Stull
(Address) 625 Reid St

15. Filed Feby 10 1912 D. D. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28th 1912, to Jan 28th 1912 that I last saw h[illegible] alive on Jan. 28th 1912 and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis
Paralysis

(Duration) yrs. 3 mos. — ds.

Contributory (Secondary)
(Duration) yrs. 1 mos. ds.

(Signed) John Burbey M. D.
Jan 29 1912 (Address) Coeur D'Alene City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Thomas Cem C.D.A
DATE OF BURIAL: Jan 30" 1912

20. UNDERTAKER: S J Ruen
ADDRESS: C.D.A.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

2 #6

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1326
Registered No. 9

1. PLACE OF DEATH. Registration District No. 14
County of Kootenai Primary Registration District No. 2051
City of Rathdrum (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louisa Lloyd

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	widow

6. DATE OF BIRTH Febry. (Month) ..... (Day) 1844 (Year)

7. AGE 67 yrs. 11 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mich.

10. NAME OF FATHER Peter Dillon

11. BIRTHPLACE OF FATHER (State or Country) Mich.

12. MAIDEN NAME OF MOTHER Rebecca Dillon

13. BIRTHPLACE OF MOTHER (State or Country) Mich

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ethan Allen Choffee
(Address) Garwood, Idaho

15. Filed July 10 1912 A. P. Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH January (Month) 20. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1911, to Jany 20 1912 that I last saw her alive on Jany 15 1912 and that death occurred on the date stated above, at 1. P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of bladder & uterus.

..... (Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank Ptacy M. D.
1/20 1912 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Rest Rock — DATE OF BURIAL Jan 20 1912

20. UNDERTAKER E E Bobo and Son — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. ~~VIII~~ 14

County of Kootenai Primary Registration District No. 2118

City of Deamar (No. ....., ... St.)

File No. 1327

Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ignace (Spokane)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Indian	married

6. DATE OF BIRTH Not known (Month) ..... (Day) 1 (Year)

7. AGE 90 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Spokane Reservation

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (State or Country) Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. J. Kendall
(Address) Deamar Ida.

15. July 10 – d. Deamar
Filed Jan 22 1912 Wm. J. Kendall
Asst. ~~Local~~ Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No attend~~1911~~, to ..... 191.....
that I last saw h~~im~~ alive on ..... 191.....
and that death occurred on the date stated above, at X M.
The CAUSE OF DEATH* was as follows:
Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Not known
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Leonard M. D.
Jan 20 1912 (Address) Deamar Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Deer Park — DATE OF BURIAL Jan 27 1912

20. UNDERTAKER Jones — ADDRESS Ft

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Latah Primary Registration District No. 1003
City of C W A (No. ....., ... St.)
File No. 1324
Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Franklin G Harris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1870 (Year)

7. AGE: 42 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: — Carr

11. BIRTHPLACE OF FATHER (State or Country): Ind

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Harris
(Address) 10 27 Sherman St

15. Filed Feby 10 1912 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 17 1912, to ..... 191..
that I last saw h Er alive on Jan. 17 1912
and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:
Chronic parenchymatous nephritis?
Uremia
Never saw deceased but once.
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Wood M. D.
Jan. 17 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest cem C W A
DATE OF BURIAL: Jan 19 1912

20. UNDERTAKER: S J Linn
ADDRESS: C W A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1330
Registered No. 3

1. PLACE OF DEATH. Registration District No. 17
County of Kootenai Primary Registration District No. 2051
City of Kellogg (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edgar Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Married

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 26 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER J. C. Davis

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Owens.

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Davis
(Address) Kellogg

15. Filed Jan 10 1912 W. D. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan. 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6 Months 1911, to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung

..... (Duration) 6 yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. E. Loeffler M. D.
Jan 15 1912 (Address) Spokane

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Kellogg — DATE OF BURIAL Jan 16 1912

20. UNDERTAKER G. H. Klopf — ADDRESS Kellogg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1331
Registered No. 4

1. PLACE OF DEATH.
County of Kootani
City of St Joe
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fredrick Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1861 (Year)

7. AGE
57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): Labor

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) No informant
(Address) .....

15. Filed Feby 10 1912 — D. A. Freeman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1912, to Jan 10 1912 that I last saw him alive on Jan 10 1912 and that death occurred on the date stated above, at 6 0 M.

The CAUSE OF DEATH* was as follows:
Strangulated hernia following appendicitis,
..... (Duration) ..... yrs. ..... mos. 12 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. B. Lindsay M. D.
Jan 11 1912 (Address) St Joe Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 9 mos. 2 ds. In the State ..... yrs. 9 mos. 2 ds.
Where was disease contracted, if not at place of death? Avoca Idaho
Former or usual residence: Spokane Wash.

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Jan 12 1912

20. UNDERTAKER: Mac Colby — ADDRESS: St Maries Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum

Registration District No. 17
Primary Registration District No. 2057
(No. ....., ... St.)

File No. 1332
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Kenneth F. Vaughn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sep. 7. 1911.
(Month) (Day) (Year)

7. AGE: — yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Rathdrum Idaho

10. NAME OF FATHER: Georg L. Vaughn

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Cecil Gano

13. BIRTHPLACE OF MOTHER (State or Country): Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. L. Vaughn
(Address) Rathdrum Ida

15.
Filed Feby 10 1912 D. D. Gru[illegible]
Local Re[illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany 9. 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 6. 1912 to Jany 8 1912
that I last saw h[illegible] alive on Jan 6 1912
and that death occurred on the date stated above, at 5.9 M.

The CAUSE OF DEATH* was as follows:
Convulsions probably
acute indigestion
Jaund.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Bronchitis
(Secondary)
..... (Duration) — yrs. — mos. X ds.

(Signed) Frank Weng M. D.
1/9. 1912 (Address) Rathdrum Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rathdrum Ida — DATE OF BURIAL: Jan 9 1912

20. UNDERTAKER: C E Bobb & Son — ADDRESS: Rathdrum Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Pneumonia

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1333
Registered No. 2

1. PLACE OF DEATH.
County of Kootenai
City of Desmet

Registration District No. 12
Primary Registration District No. 2118
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Adrienne

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Red
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: about 80 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ward of Government
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kootenai Co - C. d'A Reserv.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. J. Langley
(Address) Desmet

15. Filed Jan. 8. 1912
D. D. Greenacre
Wm. J. Langley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22 - 1911, to Jan. 5 - 1912, that I last saw h[illegible] alive on Jan. 5 1912, and that death occurred on the date stated above, at 10 a. M.

The CAUSE OF DEATH* was as follows:
Septic emboli
..... (Duration) — yrs. — mos. 2 ds.
Contributory (Secondary) Pneumonia Lobar
..... (Duration) — yrs. — mos. 10 ds.

(Signed) Jno. E. Daugherty M. D.
Jan. 5 1912 (Address) Desmet - Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet
DATE OF BURIAL ..... 191...

20. UNDERTAKER: None
ADDRESS: Desmet

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1335
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 715, N. Harrison St.)
Registration District No. 17
Primary Registration District No. 1102

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Velma Louise Jones.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 25 (Day) 1911 (Year)

7. AGE: — yrs. 1 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: Harry Jones.

11. BIRTHPLACE OF FATHER (State or Country): Richfield Utah

12. MAIDEN NAME OF MOTHER: Mary Jones.

13. BIRTHPLACE OF MOTHER (State or Country): Branch Fork Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Jones.
(Address) 715 N. Harrison Ave. Pocatello

15.
Filed 1/3 1912
Earl D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany 1st 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 1st 1912, to Jany 1st 1912 that I last saw h..... alive on ..... 191.. and that death occurred on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

Accidental Suffocation smoked

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. Lewis Mosley M. D.
Jany 1st 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I. O. O. F. Cemetery
DATE OF BURIAL: Jany 2nd 1912

20. UNDERTAKER: P. N. Walker
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. ....., ... St.)

Registration District No. 19
Primary Registration District No. 1002

File No. 1336
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Anna E. Stewart

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Female	White	Widow

6. DATE OF BIRTH
August (Month) 30 (Day) 1840 (Year)

7. AGE
72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER Mr. P. Buckley

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Mrs. Mary O'Bryan

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Virginia Mitchell
(Address) Pocatello, Ida.

15.
Filed 1/4 1912 Ewd Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1911, to Jan 3 1912, that I last saw her alive on Jan 3 1912, and that death occurred on the date stated above, at 8 30 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis and Arteriosclerosis of heart
(Duration) yrs. 3 mos. ds.
Contributory (Secondary) old age and general debility
(Duration) yrs. mos. ds.
(Signed) J. M. Rae M. D.
Jan 4 1911 (Address) Pocatello, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Pocatello Idaho
DATE OF BURIAL Jan. 6 1912

20. UNDERTAKER P. A. Silver
ADDRESS Pocatello, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3 1337
Registered No.

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
Registration District No. 19
Primary Registration District No. 1002
(No. 629 So. Warren St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Jensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Oct (Month) 11 (Day) 1830 (Year)

7. AGE: 81 yrs. 2 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Caroline Nausen
(Address) 629 So Warren

15. Filed Jan 7 1912 Earl Ames Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1912 to ..... 191..
that I last saw her alive on ..... 191..
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Bronchitis -
Patient died before Dr arrived
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) age
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O B Finch M. D.
Jan 6 1911 (Address) Poedicen Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery DATE OF BURIAL: Jany 8 1912

20. UNDERTAKER: W. V. Walker ADDRESS: Caldwell Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 4 1335
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lucy Pocatello

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Dec. (Month) 30 (Day) 1836 (Year)
7. AGE: 76 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Bannock County, Ida.
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): Bannock Co. Idaho
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. R. Lavatta
(Address) Pocatello, Ida.
15. Filed 1-9-1912 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 6 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobular
Senility
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.
(Signed) O. B. Hess Coroner M. D.
1-7 1912 (Address) Poca

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bannock Creek — DATE OF BURIAL: Jan. 9 1912
20. UNDERTAKER: P. C. Silver — ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 5 1339
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 322 W. Carson St.)
Registration District No. 19
Primary Registration District No. 1002
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Marcus George Neuneker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: January (Month) 6 (Day) 1912 (Year)

7. AGE: ....yrs....mos....ds. IF LESS than 1 day how many 5 hrs. or ....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: Marcus George Neuneker

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Petrea Neuneker

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marcus George Neuneker
(Address) 322 W Carson.

15. Filed Jan 7 1912 Earl Power Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 6th 1912, to January 6th 1912
that I last saw him alive on January 6th 1912
and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos....ds.

Contributory (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) H. Smith Wolfe M. D.
January 6 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery DATE OF BURIAL: January 7 1912

20. UNDERTAKER: W. I. Walker ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19

Primary Registration District No. 1002

File No. 61340

Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry C. A. Cready

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: May (Month) 31 (Day) 1909 (Year)

7. AGE: 2 yrs. 7 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pocatello, Ida.

10. NAME OF FATHER: Henry B. Cready

11. BIRTHPLACE OF FATHER (State or Country): Ozark, Ark.

12. MAIDEN NAME OF MOTHER: Maude Reeves

13. BIRTHPLACE OF MOTHER (State or Country): Washington, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry B. Cready
(Address) Pocatello Ida.

15.
Filed 1-9 1912 Emp Elmer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1911, to Jan 7 1912, that I last saw h[illegible] alive on Jan 7 1912, and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows: (Nephritis Acute.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. [illegible] M. D.
Jan. 8 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Washington, Iowa — DATE OF BURIAL: Jan. 14 1912

20. UNDERTAKER: [illegible] Silver — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 7 1341

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH

County of Bannock

City of Pocatello

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19

Primary Registration District No. 1002

(No. ..... St.)

2. FULL NAME Infant Quinn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

6. DATE OF BIRTH: Jan. 8 (Month) (Day) 1912 (Year)

7. AGE: ___ yrs. ___ mos. ___ ds.

IF LESS than 1 day how many ..... hrs. or 30 min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello, Ida

10. NAME OF FATHER: Chester J. Quinn

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake

12. MAIDEN NAME OF MOTHER: Alice P. Shupe

13. BIRTHPLACE OF MOTHER (State or Country): Montpelier, Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester J. Quinn

(Address) Pocatello Ida

15.

Filed 1-9 1912 Earl Lyman Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....

that I last saw h... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH was as follows: Premature Birth.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Smith Wasem M. D.

19... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida — DATE OF BURIAL: Jan. 9 1912

20. UNDERTAKER: P. L. Silver — ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1342
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No.
Primary Registration District No.
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Daisy M. Patterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Sept. (Month) 11 (Day) 1878 (Year)

7. AGE: 33 yrs. 6 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): Housewife

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: William H. Wallace

11. BIRTHPLACE OF FATHER (State or Country): Tenn.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Hagan
(Address) Pocatello Idaho

15.
Filed 1-10 1912 Earl D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 2 — M.
The CAUSE OF DEATH* was as follows:

Intercerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. B. Steely Coroner M. D.
1-8 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nashville Tenn.
DATE OF BURIAL ..... 191...

20. UNDERTAKER: P. C. Silver
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1343

Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. ....., ... St.)

Registration District No.
Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME K. Arimatsu

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Jap
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write this word): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 33 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Japan

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Obara
(Address) Pocatello

15.
Filed 1/13 1912
East [illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 12 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1912, to Jan 12 1912
that I last saw h[illegible]alive on Jan 12 1912
and that death occurred on the date stated above, at 10 a M.

The CAUSE OF DEATH* was as follows:
Tuberculosis pulmonalis

..... (Duration) 3 yrs. 2 mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. P. Healy M. D.
Jan 13 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida
DATE OF BURIAL: Jan 14 1912

20. UNDERTAKER: P. C. Silver
ADDRESS: Pocatello, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1344
Registered No.

1. PLACE OF DEATH.
County of Kootenai
City of Pocatello
Registration District No.
Primary Registration District No.
(No 1442 N. Harrison St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edward John Siolberg.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married
6. DATE OF BIRTH: Sept 13 1882
(Month) (Day) (Year)
7. AGE: 29 yrs. 4 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Coal Miner
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Logan Utah
10. NAME OF FATHER: Elias Siolberg.
11. BIRTHPLACE OF FATHER (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Anna. Mostt.
13. BIRTHPLACE OF MOTHER (State or Country): Sweden.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Siolberg.
(Address) 1442 N. Harrison Ave Pocatello
15.
Filed 1/16 1912
Earl Sumner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 13 1912
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 1911, to Jan. 13 1912
that I last saw h— alive on Jan 13 1912
and that death occurred on the date stated above, at 9a M.,
THE CAUSE OF DEATH* was as follows: Arabella Mullins
(Duration) 5 yrs. 2 mos. 3 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) H. Emmett Wauters M. D.
Jan. 15 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery
DATE OF BURIAL: 1/16 1912
20. UNDERTAKER: W S Walker
ADDRESS: Town

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1345
Registered No.

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello (No. Gen. Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Ovarcovitch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Don't Know

6. DATE OF BIRTH: Don't Know. (Month) (Day) 1 (Year)

7. AGE: Don't Know yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Common

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Jan 17 1912 Earl A. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 13 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 12 1911, to Jan. 13 1912 that I last saw h[illegible] alive on Jan. 13 1912 and that death occurred on the date stated above, at 9:30 M.

The CAUSE OF DEATH* was as follows: Appendicitis Chronic

(Duration) 1 yrs. 1 mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Smith Walling M. D.
Jan. 17 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs 1 mos 1 ds.
Where was disease contracted, if not at place of death? Bancroft Idaho
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery DATE OF BURIAL: Jan 17 1912

20. UNDERTAKER: M. V. Walton ADDRESS: Pocatello Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 12 1346
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. Gulf Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Celia May Paulsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 2 (Day) 92 (Year)

7. AGE: 20 yrs. 1 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Beaver Canon Idaho

10. NAME OF FATHER: Anton Paulsen.

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Mary Nansen

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. M. J. Boyle
(Address) Dubois Idaho

15. Filed Jan 18th 1912 — Earl D. Jones, A. W. Redden, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 16 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 12 191 2, to Jany 16 191 2
that I last saw h e alive on Jan 16, 191 2
and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:
Pelvic septicaemia

..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Keeley M. D.
Jan 17 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Dubois Idaho
Former or usual residence Dubois Idaho

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: Jany 19 191 2

20. UNDERTAKER: W. D. Carter — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 14 134
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. 245, N. Main St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thos L. Cox

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 1st (Day) 1846 (Year)

7. AGE: 65 yrs. 10 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England.

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos L Cox
(Address) Pocatello Ida.

15. Filed 1/27 1912 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan. 26th 1912
(Month) Jan. (Day) 26 (Year) 1912

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1912, to Jan 26 1912
that I last saw h[illegible] alive on Jan. 26 1912
and that death occurred on the date stated above, at 4P. M.
The CAUSE OF DEATH* was as follows:
Thrombosis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H Smith M. D.
Jan. 26 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View cemetery — DATE OF BURIAL: Jan 29 1912

20. UNDERTAKER: M. M. Walker — ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1340

Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No.
Primary Registration District No.
(No. 320 N. Grant St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Harold. Woodland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Sept (Month) 30 (Day) 1903 (Year)

7. AGE 8 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work School Boy.
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Pocatello

10. NAME OF FATHER N. D. Woodland

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Louisa Morrison

13. BIRTHPLACE OF MOTHER (State or Country) Friendship Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. D. Woodland
(Address) Pocatello Ida

15.
Filed 1/27 1912 Emp. D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan. 26th 1912
(Month) Friday (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1912, to Jan. 26 1912
that I last saw h-m alive on Jan. 26 1912
and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH was as follows:

Diphtheria.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Smith Wallace M. D.
Jan. 27 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt View Cemetery DATE OF BURIAL Jany 28 1912

20. UNDERTAKER W. D. Walker ADDRESS Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 16 1350
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. Bannock Gen'l Hospital St.)

2. FULL NAME C. Earl Thomas.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: October (Month) 13 (Day) 1890 (Year)

7. AGE: 21 yrs. 3 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Railroad Fireman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bountiful Utah

10. NAME OF FATHER: Edward Thomas.

11. BIRTHPLACE OF FATHER (State or Country): Bountiful Utah

12. MAIDEN NAME OF MOTHER: Amelia E Nilley

13. BIRTHPLACE OF MOTHER (State or Country): Bountiful Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward. Thomas
(Address) Pocatello Ida

15. Filed 2/1 191 2 Earl Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jany (Month) 30 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 30 191 2, to Jany 30 191 2
that I last saw him alive on Jany 30 191 2
and that death occurred on the date stated above, at 11 p. M.

The CAUSE OF DEATH* was as follows:
Haemorrhage from gun-shot (shot gun) wound. Popliteal artery severed. Accidental.
(Duration) ..... yrs. ..... mos. 8 hrs ds.

Contributory (Secondary) Shock-haemorrhage and exposure
(Duration) ..... yrs. ..... mos. 6 hrs ds.

(Signed) W. F. Howard M. D.
Feb. 1 191 2 (Address) Pocatello, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Pocatello General In the ..... yrs. ..... mos. 8 hrs. ds. of his injury
Where was disease contracted, if not at place of death? Pocatello Creek 4 mile in country
Former or usual residence Pocatello Idaho.

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL
Mt View cemetery Feby 2nd 191 2

20. UNDERTAKER: W. V. Acker ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1351

Registered No. .....

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 14
Primary Registration District No. 1002
(No. Fed. Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm C. Cole

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jany (Month) 7 (Day) 1893 (Year)

7. AGE: 19 yrs. mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Marysville Utah

10. NAME OF FATHER: Charles Cole

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Mary Jane Cole

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Cole
(Address) Brigham City

15.
Filed 2/1 191 2 Earl Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 31 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1912, to Jan 31 1912, that I last saw him alive on Jan 31 1912 and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:

Landrys Paralysis

(Duration) ..... yrs. 2 mos. 25 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carl Everett Ward M. D.

Jan 31 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Pocatello Gen. Hospital In the city of death ..... yrs. ..... mos. 10 ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted. If not at place of death? at Rigby Ida
Former or usual residence. Brigham City Utah

19. PLACE OF BURIAL OR REMOVAL: Shelton Ida DATE OF BURIAL: Feb 2 1912

20. UNDERTAKER: W. Vaclar ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1352
Registered No. 8

1. PLACE OF DEATH.
County of Bannock
City of Grace (No. ....., ... St.)

Registration District No. 11
Primary Registration District No. 2048

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Harwood.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Babe.
6. DATE OF BIRTH: January (Month) 1 — (Day) 1912 (Year)
7. AGE: ~~— yrs. — mos.~~ 4 hours ds. IF LESS than 1 day how many 4 hrs. or ..... mins.
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Grace - Idaho.
10. NAME OF FATHER: Thomas Harwood.
11. BIRTHPLACE OF FATHER (State or Country): Utah.
12. MAIDEN NAME OF MOTHER: Alice Thomson.
13. BIRTHPLACE OF MOTHER (State or Country): Utah.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Thos Harwood
(Address) Grace
15. Filed Feb 10, 1912 — Ellis Karey, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 1 — (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jany 1 — 1912, to Jan 1 — 1912
that I last saw her alive on Jan 1 — 1912
and that death occurred on the date stated above, at 5 a. M.
The CAUSE OF DEATH* was as follows:
Premature birth.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John H. Hubbard M. D.
Feb 10 — 1912 (Address) Grace - Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grace — DATE OF BURIAL: June 1 1912
20. UNDERTAKER: John Allsop — ADDRESS: Grace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AVIS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 135
Registered No. 7

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2048
City of Grace. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Axel Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March 10 — 1883 (Month) (Day) (Year)

7. AGE: 28 yrs. 10 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Peter Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina Olsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. Hubbard
(Address) Grace

15. Filed Jan 10 1912 Ellis Causey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 10 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1912, to Jan 19 — 1912 that I last saw h/m alive on Jan 19 — 1912 and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:
Appendicitis —
, ,
..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory Peritonitis
(Secondary)
..... (Duration) ..... yrs. 1 mos. 12 hours ds.
(Signed) John A. Hubbard M. D.
Jan 9 1912 (Address) Grace - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grace, Idaho — DATE OF BURIAL: Jan 21 1912

20. UNDERTAKER: John Allen — ADDRESS: Grace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 135
Registered No. 9

1. PLACE OF DEATH.
County of Bannock
City of Grace
Registration District No. 11
Primary Registration District No. 2648
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Caroline Snow.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Baby

6. DATE OF BIRTH: January (Month) 12 (Day) 1912 (Year)

7. AGE: ——yrs. ——mos. ——ds. IF LESS than 1 day how many ..24.. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Frank M Snow.

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Mary E Sullivan

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Snow
(Address) Grace, Id

15. Filed Jan 10, 1912 Ellis Keeley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth. 1912, to death. 1912
that I last saw her alive on Jan. 12 1912
and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Intra-uterine lack
of nutrition
[Starved to]
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Sullivan M. D.
Feb 9 1912 (Address) Grace - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grace, Id — DATE OF BURIAL: Jan 13 1912

20. UNDERTAKER: Job Allred — ADDRESS: Grace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1356
Registered No. 11

1. PLACE OF DEATH.
County of Bannock
City of Soda Springs. (No. ....., ... St.)
Registration District No. 11
Primary Registration District No. 6048
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lambert Hildreth
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	single

6. DATE OF BIRTH December 15th 1890
(Month) (Day) (Year)

7. AGE 21 yrs. 1 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) ..... Bottling Works

9. BIRTHPLACE (State or Country) Pueblo, Colorado

10. NAME OF FATHER W. H. Hildreth

11. BIRTHPLACE OF FATHER (State or Country) California

12. MAIDEN NAME OF MOTHER Lulu Dean Scudder

13. BIRTHPLACE OF MOTHER (State or Country) Maryville, Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Hildreth
(Address) Soda Springs, Idaho

15. Filed Feb 10, 1912 Eric Kasely Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb 6 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1912, to Feb 6 1912
that I last saw h[illegible] alive on Feb 6, 1912
and that death occurred on the date stated above, at 1:35 P.M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of heart

..... (Duration) 12 hours mos. ..... ds.
Contributory (Secondary) Typhoid fever
..... (Duration) ..... yrs. ..... mos. 28 ds.

(Signed) Russell J. Smith M. D.
Feb 7 1912 (Address) Bancroft, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Soda Springs. Id	Feb. 9th 1912

20. UNDERTAKER	ADDRESS
E. D. Whitmore	Soda Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1357
Registered No.

PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
Registration District No. 23
Primary Registration District No. 2085
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chas. J. Walker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): M

6. DATE OF BIRTH: March (Month) 12 (Day) 1880 (Year)

7. AGE: 31 yrs. 12 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Undertaker.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: Henry J. Walker

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Sedonia Wrigglworth

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Walker
(Address) Grosser Washington

15.
Filed Jan 16 1912 John Houghelem
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Jan 7 1912 that I last saw him alive on Jan 7 1912 and that death occurred on the date stated above, at 20. M.

The CAUSE OF DEATH* was as follows:
Abscess of bowel
8

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Loughelm M. D.
Jan 15 1912 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery — DATE OF BURIAL: Jan 16 1912

20. UNDERTAKER: J. Grossman — ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 135
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dortha Odessa Linn.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Jan (Month) 13 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Twin Falls Idaho.

10. NAME OF FATHER: Bennie L Linn

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin.

12. MAIDEN NAME OF MOTHER: Kaliroah Beckley

13. BIRTHPLACE OF MOTHER (State or Country): [redacted]

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jake Beckley
(Address) Twin Falls, Id

15.
Filed Jan 23 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1912, to Jan 23 1912
that I last saw her alive on Jan, 20 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Congenital Debility
Icterus Neonatorum
(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. D. Weaver M. D.
Jan. 23 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery — DATE OF BURIAL: Jan 23 1912

20. UNDERTAKER: P. J. Grossman — ADDRESS: Twin Falls.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. [redacted]

1. Place of Death [redacted]

County of Twin Falls Primary Registration District No. [redacted] File No. 1359

City of " " (No. ....., ... St.) Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rebecca King

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Jan 19th 1912 (Month) (Day) (Year)

7. AGE: 33 yrs. 8 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: W. J. Holford

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Mary E. Langston

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) I. D. King
(Address) Milner Ida

15. Filed Jan 20 1912 John W. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec - 19 1912, to Jan 19 1912 that I last saw her alive on Jan - 19 1912 and that death occurred on the date stated above, at 4.50 P. M.

The CAUSE OF DEATH* was as follows:

Oedema of lungs

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Valvular heart disease

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) John W. Coughlin M. D.

Jan 20 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Milner DATE OF BURIAL: Jan 21 1912

20. UNDERTAKER: C. J. Crosby ADDRESS: Twin Falls

#81

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls.
City of .....

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 1360
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Montgomery Bell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (or Widowed)
6. DATE OF BIRTH: Nov 24 (Month) (Day) 1848 (Year)
7. AGE: 63 yrs. 1 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Iowa
10. NAME OF FATHER: Elisha Bell
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Martha Nicholson
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Bell (son)
(Address) Twin Falls.
15. Filed Jan 3 1912 John F Englehart Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 1st (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1911, to Jan 1st 1912
that I last saw him alive on Dec 15th 1911
and that death occurred on the date stated above, at 10 p.m.
The CAUSE OF DEATH* was as follows:
Chronic Diabetes Mellitus
(Duration) 5 yrs. ..... mos. ..... ds.
Contributory (Secondary) Suppression of urine Uremia
(Duration) ..... yrs. ..... mos. 10 ds.
(Signed) Duncan L. Heyland M. D.
Jan 3rd 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: Jan 4 1912
20. UNDERTAKER: A J Crosby — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1361
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls. (No. ....., ... St.)

Registration District No. 23
Primary Registration District No. 2045

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Iola Beth Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 1 (Day) 1911 (Year)
7. AGE: ..... yrs. 6 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Twin Falls.
10. NAME OF FATHER: Bert Williams
11. BIRTHPLACE OF FATHER (State or Country): Ida.
12. MAIDEN NAME OF MOTHER: ~~Arizona~~ Chiney
13. BIRTHPLACE OF MOTHER (State or Country): Arizona
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ike Lambert
(Address) Twin Falls.
15.
Filed Jan 30 1912 John H Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 30 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1912, to Jan 30 1912
that I last saw her alive on Jan 27 1912
and that death occurred on the date stated above, at 5 P M.
The CAUSE OF DEATH* was as follows:

Tuberculosis - General

(Duration) ..... yrs. 2 mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ike Lambert M. D.
Jan 30 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery — DATE OF BURIAL: Jan 31 1912
20. UNDERTAKER: C. J. Crosby — ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1362
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
Registration District No. 23
Primary Registration District No. 2495
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edwin Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: February (Month) 7 (Day) 1890 (Year)

7. AGE: 21 yrs. 11 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Law Clerk
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: John A Jones

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Eldridge
(Address) Twin Falls

15. Filed Jan 26 1912 John W Eagleby Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1912, to Jan 26 1912
that I last saw h[illegible] alive on 26 Jan 1912
and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Colon infection with
Secondary meningitis

..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Colon Infection meningitis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Jan 27 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fair Haven Vt.
DATE OF BURIAL: Shipped 191...

20. UNDERTAKER: P J Grossman
ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1364
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Kimberly

Registration District No. 23
Primary Registration District No. 2084
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leon Kelly

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. 10 (Month) (Day) 1912 (Year)

7. AGE: ✓ yrs. ✓ mos. ✓ ds.
IF LESS than 1 day how many ..... hrs. or ✓ ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Otis Kelly

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Cora Lawson

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J. Whyte
(Address) Kimberly Ida

15.
Filed Jan 15 1912 Julius F. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. 11th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1912, to Jan. 10 1912
that I last saw h[illegible] alive on Jan. 10 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Premature Birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John J. Whyte M. D.
Jan 12 1912 (Address) Kimberly, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kimberly
DATE OF BURIAL: Jan. 11 1912

20. UNDERTAKER: None
ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1365
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Burke

Registration District No. 87
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Magee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept. (Month) 23 (Day) 1908 (Year)

7. AGE: 3 yrs. 3 mos. 16 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Malad Ida

10. NAME OF FATHER: R. G. Magee

11. BIRTHPLACE OF FATHER (State or Country): Brigam Utah

12. MAIDEN NAME OF MOTHER: Lottie Lee

13. BIRTHPLACE OF MOTHER (State or Country): Kerney Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lottie Magee
(Address) Burke Ida

15.
Filed 1-10 1912
J. H. Mcaffee
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1912, to Jan 9 1912 that I last saw him alive on Jan 8 1912 and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows: Third degree burn - Both Legs - both arms & back

(Duration) ..... yrs. ..... mos. 1 dy

Contributory (Secondary) X

(Duration) X yrs. X mos. X ds.

(Signed) C. J. McClusky M. D.

Jan 9 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ada M. East Burke — DATE OF BURIAL: 1-12 1912

20. UNDERTAKER: N. B. Evans — ADDRESS: Burke Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1366
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Burle

Registration District No. 20 87
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Magee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	White	Single

6. DATE OF BIRTH: May (Month) 15 (Day) 1906 (Year)

7. AGE: 5 yrs. 7 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Malad Ida.

10. NAME OF FATHER: R. H. Magee

11. BIRTHPLACE OF FATHER (State or Country): Brigam Utah.

12. MAIDEN NAME OF MOTHER: Lottie Lee

13. BIRTHPLACE OF MOTHER (State or Country): Kenney Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lottie Magee
(Address) Buhl Ida

15.
Filed 1-10 1912
J. T. Mumfley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Burned to death in house

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Mumfley M. D.
1-9 1912 (Address) Buhl

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: 4 Ir Lost Buhl — DATE OF BURIAL: 1-12 1912

20. UNDERTAKER: N. B. Evans. — ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI-
...S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
...nt of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 136
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl

Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Calvin Magee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Nov (Month) 25 (Day) 1909 (Year)

7. AGE: 2 yrs. 1 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Buhl Ida.

10. NAME OF FATHER: R. G. Magee

11. BIRTHPLACE OF FATHER (State or Country): Brigam Utah.

12. MAIDEN NAME OF MOTHER: Lottie Carr

13. BIRTHPLACE OF MOTHER (State or Country): Kearney Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lottie Magee
(Address) Buhl Ida

15.
Filed 1-10 1912
J. H. Merfley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Burned to death in house

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Merfley M. D.
1-8 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: 4½ East Buhl
DATE OF BURIAL: 1-12 1912

20. UNDERTAKER: N. B. Evans.
ADDRESS: Buhl Ida

SYMS-YORK CO., PRINTERS & [illegible] 1911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lemhi
City of Gibbonville (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005

File No. 1376
Registered No. 1
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Milton Nicholson

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): M

6. DATE OF BIRTH: Dec 3 (Month) (Day) 1857 (Year)

7. AGE: 54 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Nathan Nicholson

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Hettie Cloud

13. BIRTHPLACE OF MOTHER (State or Country): Ind

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Nicholson
(Address) .....

15. Filed Jan 23 1912 R C Bull
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ~~the death~~ 191..., to Jan. 21 1912
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism
death was instantaneous
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Coleman M. D.
..... 19..... (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Greenleaf — DATE OF BURIAL: Jan 23 1912

20. UNDERTAKER: W E Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1377
Registered No. 2

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2004
(No. ....., ... St.)

2. FULL NAME Jacob F. Lucas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 12 (Day) 1832 (Year)

7. AGE: 79 yrs. 3 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Coal Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Nolan
(Address) Caldwell

15.
Filed Jan 23 1912 R C Bull
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓ 191..., to ✓ 191...
that I last saw h ✓ alive on ✓ 191...,
and that death occurred on the date stated above, at ✓ M.

The CAUSE OF DEATH* was as follows:
Asthma of 40 years standing
No physicians attending.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. C. Bull M. D.
Jan 23 1912 (Address) Registrar

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: Jan 24 1912

20. UNDERTAKER: W E Platt — ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1378

Registered No. 3

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1703
(No. ....., ... St.)

2. FULL NAME Aaron H. Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: 12 (Month) 26 (Day) 1838 (Year)

7. AGE: 73 yrs. ..... mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Station Engineer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Julius J. Johnson

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Sophronia Merriman

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bertha L. Stevens
(Address) Caldwell

15.
Filed Jan. 16 1912 John L. Myers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1912, to Jan 15 1912, that I last saw h[illegible] alive on Jan 15 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Cole M. D.

Jan 16 1912 (Address) Caldwell, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Manhattan Kan
DATE OF BURIAL: Jan 18 1912

20. UNDERTAKER: W E Platt
ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2005
City of Summit Slope (No. ....., ... St.)
File No. 1381
Registered No. 6
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Mrs. Pearle Stocker
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: 9 / 20 (Month) (Day) 1891 (Year)
7. AGE: 22 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Ohio Oregon
10. NAME OF FATHER: H. T. Campbell
11. BIRTHPLACE OF FATHER (State or Country): Neb
12. MAIDEN NAME OF MOTHER: Carrie Ellis
13. BIRTHPLACE OF MOTHER (State or Country): Neb
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Stocker
(Address) Caldwell, Ida.
15.
Filed Jan 22 1912 R C Bull
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 20 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1912, to Jan. 20 1912 that I last saw her alive on Jan. 20 1912, and that death occurred on the date stated above, at 2 1/2 P. M.
The CAUSE OF DEATH* was as follows:
Puerperal Eclampsia -
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Jas. J. Myers M. D.
Jan 22 1912 (Address) Caldwell, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: Jan 22 1912
20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1005
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Burris Cole Calvert

File No. 1382
Registered No. 87
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July - 5 - 1911 (Month) (Day) (Year)
7. AGE: yrs. 6 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Fargo Flat
10. NAME OF FATHER: B. C. Calvert
11. BIRTHPLACE OF FATHER (State or Country): Texas
12. MAIDEN NAME OF MOTHER: Annie Simpson
13. BIRTHPLACE OF MOTHER (State or Country): Texas
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. C. Simpson
(Address) .....
15. Filed Jan 30 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 29 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1912, to Jan 29 1912
that I last saw her alive on Jan 29 1912,
and that death occurred on the date stated above, at 12-15 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia — Whooping Cough
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
Jan 30 1912 (Address) Caldwell, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: Jan 30 1912
20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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SYMS-YORK CO., PRINTERS & RULERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1005
City of Caldwell (No. ....., ... St.)
File No. 1383
Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Artemisa Carter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
August 29 (Month) 1840 (Day) (Year)

7. AGE
71 yrs. 4 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bond County Ill.

10. NAME OF FATHER Grabrel Jett

11. BIRTHPLACE OF FATHER (State or Country) Don't Know

12. MAIDEN NAME OF MOTHER Artemisa Jett

13. BIRTHPLACE OF MOTHER (State or Country) Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Pearl Glenn
(Address) Caldwell Idaho.

15.
Filed Jan. 17th 1912 John S. Myers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1911, to Jan. 15th 1912
that I last saw her alive on Jan. 13th 1912,
and that death occurred on the date stated above, at 2:15 A. M.
The CAUSE OF DEATH* was as follows:
Apoplexy.

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John S. Myers M. D.
Jan. 17th 1912 (Address) Caldwell, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Lower Boise Cemetery — DATE OF BURIAL 1/15 1912

20. UNDERTAKER W. E. Dyer — ADDRESS Caldwell Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1384

Registered No. 129

1. PLACE OF DEATH. Registration District No. 3

County of Canyon Primary Registration District No. 2010

City of Near Parks Store (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Richard Catherton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Do not know

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1864 (Year)

7. AGE: 48 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kentucky.

10. NAME OF FATHER: Do not know

11. BIRTHPLACE OF FATHER (State or Country): Do not know

12. MAIDEN NAME OF MOTHER: Do not know

13. BIRTHPLACE OF MOTHER (State or Country): Do not know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Dyer
(Address) Caldwell Idaho

15. Filed Jan 10 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..... that I last saw h..... alive on ..... 191...., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Natural death
(Coroners certificate)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: W — DATE OF BURIAL: 1/10 1912

20. UNDERTAKER: W E Dyer — ADDRESS: Caldwell Idaho

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

728—Coroner's Verdict.

Printed and for sale by the Statesman Printing Company, Boise, Idaho.

IN THE CORONER'S COURT

Of the County of Canyon State of Idaho

In the Matter of the Inquest upon the Body of Richard Alverton (Alverton)
Deceased.

VERDICT.

*We, the Jury in the above entitled Inquest, being duly empannelled and sworn according to law; find the name of the deceased to be*_____
*of the age of*_____*years, a native of*_____
that he came to his death on the 1 *day of* Jan 1912
*in*_____*County, State of Idaho. The Jury find that the deceased came to his death by means* Natural - death

To all of which we certify by this our inquisition in writing.

Done at Canyon *County, State of Idaho, this* 1st
day of Jan 1912.

No Jury deemed Necessary

Att Lang

M. Pattee Clerk Coroner Canyon Co.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

5

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1385

Registered No. 10

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2-007
(No. , St.)

2. FULL NAME Baby Rasmusson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): ✓

6. DATE OF BIRTH: January (Month) 1 (Day) 1912 (Year)

7. AGE: 3 hours (yrs. mos. ds.)
IF LESS than 1 day how many 3 hrs. or min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): ✓

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Rasmusson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Mary Reignard

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. J. Olsen
(Address) Parma

15. Filed 1/2 1912 R. J. Olsen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/1 1912, to 1/1 1912 that I last saw h[illegible] alive on 1/1 1912, and that death occurred on the date stated above, at 1:10 P. M.

The CAUSE OF DEATH* was as follows:
Was premature, about 6½ to 7 mos pregnancy.

(Duration) ✓ yrs. ✓ mos. — ds.

Contributory (Secondary): ✓ (Duration) ✓ yrs. ✓ mos. — ds.

(Signed) R. J. Olsen M. D.
1/2 1912 (Address) Parma

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted. ✓
If not at place of death?
Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL: Parma, Ida — DATE OF BURIAL: 1/2 1912

20. UNDERTAKER: None — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No. [illegible] 3
Primary Registration District No. 1006
(No. ....., ... St.)

File No. 1386
Registered No. 11 [illegible]
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret Jane Parks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr (Month) 7 (Day) 1858 (Year)

7. AGE: 53 yrs. 9 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Thomas Quigley

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Elora Morin

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mayme Parks
(Address) Nampa Ida

15.
Filed 1/31 1912 O. B. Beller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1912, to Jan 30 1912
that I last saw her alive on Jan 30 1912
and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
General Anasarca due to
mitral & aortic regurgitation
resulting from endocarditis
Conditions (Duration) 1 year when ms. first noticed
Contributory (Secondary) Rheumatism
Hurts (Duration) 18 yrs. 6 mos. 6 ds.

(Signed) J. B. D. Callaway M. D.
Feb. 1 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: (Kohler Lawn) Nampa Ida — DATE OF BURIAL: 2/2/1912

20. UNDERTAKER: J. K. Robinson — ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1387

Registered No. 12

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Nampa
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1006

2. FULL NAME Elsye Anna Ida Stoecker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 11 (Month) 20 (Day) 1890 (Year)

7. AGE: 21 yrs. 1 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Book Keeper & Stenographer
(b) General nature of industry business, or establishment in which employed (or employer): Dearborn Brass Works

9. BIRTHPLACE (State or Country): Garrison Iowa

10. NAME OF FATHER: Henry W. Stoecker

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A P Stoecker
(Address) Nampa Ida

15.
Filed 1/12-1912
O B Beller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 1 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1911, to Jan 10 1912 that I last saw her alive on Jan 10 1912, and that death occurred on the date stated above, at 2 a. M.

The CAUSE OF DEATH* was as follows:
Heart Disease (Mitral Regurg)

(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary) Pneumonia & Asthma
(Duration) ..... yrs. 6 mos. — ds.

(Signed) O B Beller M. D.
1/12/1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? —
Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Kohler Lawn Nampa Ida
DATE OF BURIAL: 1/10/1912

20. UNDERTAKER: S. B. Shellabarger
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

BYRNS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1391
Registered No. 4

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. Hope Hospital St.)
Registration District No. 28
Primary Registration District No. 10 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Caroline Becker.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 15 (Day) 1868 (Year)

7. AGE: 43 yrs. 1 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Wm. Haas.

11. BIRTHPLACE OF FATHER (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: Miss Guttenberg

13. BIRTHPLACE OF MOTHER (State or Country): Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Becker
(Address) Wallace Idaho

15. Filed JAN 12 1912 191 A. Leo Quinn Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1910, to Jany 14 1912
that I last saw h[illegible] alive on Jany 11 1912
and that death occurred on the date stated above, at 12.0 M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. mos. 2 ds.
Contributory (Secondary) Bronchial Pneumonia
(Duration) yrs. 6 mos. ds.

(Signed) Howard C. Flannery M. D.
1/14/12 19 (Address) Wallace, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs ..... mos 2 ds. In the State Hope Hospital ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? At home
Former or usual residence Wallace Idaho

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Jan 14 1912

20. UNDERTAKER: H. P. Ward. ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1392
Registered No. 5

1. PLACE OF DEATH.
County of Shoshone.
City of Burke.

Registration District No. 26
Primary Registration District No. 1011
(No. Burke Idaho St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jack Orville

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year)

7. AGE: abt. 40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. R. Mowery
(Address) Wallace Ida

15.
Filed JAN 12 1912 191
H. Geo Livingsy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h.....alive on 191
and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
Crushed by Snowslide.
Fracture of Skull
(Duration) Few Moments ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowery M. D.
Jan 12 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Baker, Ore.
DATE OF BURIAL: 1/14 1912

20. UNDERTAKER: N. P. Ward
ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1393
Registered No. 6

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Hope Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thos S Kilgallen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 59 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mine Manager
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Michael Kilgallen

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Bridget Sexton

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Dunphy
(Address) Wallace, Ida

15. Filed Jan 14, 1912 H. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 14th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1912; to Jan 14 1912
that I last saw him alive on Jan 14 1912
and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Bilateral

..... (Duration) — yrs. — mos. 7 ds.

Contributory (Secondary) Diabetes Mellitus

..... (Duration) 8 yrs. — mos. — ds.

(Signed) Max T. Burnett M. D.

Jan 14 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Butte Mont. DATE OF BURIAL: Jan 15 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1394

Registered No. 7

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.

Registration District No. 28
Primary Registration District No. 1011
(No. Rockford Mine near Mullan St. Big Creek)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Pearson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male.	White.	Single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE
41 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Swerden.

10. NAME OF FATHER Mr. Pearson.

11. BIRTHPLACE OF FATHER (State or Country) Swerden.

12. MAIDEN NAME OF MOTHER Not known.

13. BIRTHPLACE OF MOTHER (State or Country) Swerden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Pearson
(Address) Gen Del A

15.
Filed JAN 16 1912 191...
F. Leo Lingley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan 12th 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191 2
that I last saw him alive on Jan 11 191 2
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Caught in a snowslide on Big Creek at Rockford Mine
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas R. Mowery Coroner
Jan 15 19 12 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho.
DATE OF BURIAL: Jan 17 191 2

20. UNDERTAKER: N. P. Ward.
ADDRESS: Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1395
Registered No. 8

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Rockford Mine near Nadeau St. Big Creek)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arndt Lindsten

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Nels Pearson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina M. Larson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Svander Lindsten
(Address) Gem Idaho

15.
Filed JAN 16 1912 191...
T. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 1912
that I last saw him alive on Jan 11 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowned in a snowslide on Big Creek at Rockford mine

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. R. Mowry M.D.
Jan 16 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Jan 7 191...

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1396
Registered No. 9

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.

Registration District No. 28
Primary Registration District No. 1[illegible]
(No. Old Parrot Mine Slide Near Wallace, Monarch St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Spolgotti

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	White	Single

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: Mr. Spolgotti

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Not Known.

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Kilburn
(Address) R.C. Box 101 Wallace

15.
Filed JAN 16 1912 191...
L. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan. 12th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Jan 11 1912
and that death occurred on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:
Crushed in Snowslide at Parrot mine
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas R. Mowry Coroner
Jan 16 1912 (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Jan. 17 191...

20. UNDERTAKER: J.P. Ward.
ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1397
Registered No. 10

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Parrot Mine Hotel Near Monarch St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Bisigh

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year): 1

7. AGE: 42 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: Mr. Bisigh

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Kilburn
(Address) P.O. Box 104 Wallace

15.
Filed JAN 16 1912 191...
A. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan. 12th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to 1912
that I last saw h sm alive on Jan 12 1912
and that death occurred on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:
Caught in a snowslide near the Parrot mine
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas P. Mowry Coroner
Jan 16 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace.
DATE OF BURIAL: Jan. 17 1912

20. UNDERTAKER: H. J. Ward.
ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1398
Registered No. "

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Raymond Presley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March (Month) 21st (Day) 1906 (Year)
7. AGE: 4 yrs. 10 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): none
9. BIRTHPLACE (State or Country): Burke Idaho
10. NAME OF FATHER: A. Presley
11. BIRTHPLACE OF FATHER (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Mable Jessup
13. BIRTHPLACE OF MOTHER (State or Country): Iowa
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Presley
(Address) Black Blanke Id
15.
Filed JAN 23 1912 191...
H. Leo Quinlan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 22 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1912 to Jan 22 1912
that I last saw h[illegible] alive on Jan 21 1912
and that death occurred on the date stated above, at 4 A. M.
The CAUSE OF DEATH* was as follows:
Intussusception of the bowel with General peritonitis
..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Appendicitis
..... (Duration) ..... yrs. ..... mos. 2 ds.
(Signed) Dr. Mowery M. D.
Jan 23 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Id
DATE OF BURIAL: Jany 25 1912.
20. UNDERTAKER: Bellwood
ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1393
Registered No. 12

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Hope Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Benjamin M. Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct. (Month) 14 (Day) 1862 (Year)

7. AGE: 49 yrs. 3 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Millman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon.

10. NAME OF FATHER: Wm L. Davis.

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Mary L. Howard.

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred M. Davis
(Address) Mullan Idaho

15. Filed JAN 25 1912 191 A. Leo Dempsey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January 24th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1911, to Jan 24 1912
that I last saw h[illegible] alive on Jan 24 1912
and that death occurred on the date stated above, at 0300 M.

The CAUSE OF DEATH* was as follows:
Carcinoma of liver

(Duration) 1 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) M. T. Smith M. D.
Jan 24 1912 (Address) Wallace, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mullan Ida. DATE OF BURIAL: Jan. 26 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 34
Primary Registration District No. 1011
File No. 1400
Registered No. 13

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
(No. 1 Pyramid St. St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah Phillips

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 14 (Day) 1857 (Year)

7. AGE: 55 yrs. 10 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Massachusetts

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Phillips
(Address) Wallace Ida

15.
Filed Jan. 25, 1912 S. Leo Quinley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1911, to Jan 24 1912 that I last saw her alive on Jan 24 1912, and that death occurred on the date stated above, at 6:10 A.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(Duration) 1 yrs. mos. ds.

Contributory (Secondary) Rheumatism

(Duration) Several yrs. mos. ds.

(Signed) Dr. Mowery M. D.

Jan 25 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane, Wash. DATE OF BURIAL: Jan 27 1912

20. UNDERTAKER: A. Turnbull ADDRESS: Spokane

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

Registration District No. 28

County of Shoshone, Primary Registration District No. 10 11

City of Wallace (No. Providence Hospital, St.)

File No. [illegible]

Registered No. [illegible]

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Patrick Kennedy

If death occurred in a [illegible] institution or camp give [illegible] instead of street and [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: March 20th 1858 (Month) (Day) (Year)

7. AGE: 54 yrs. 10 mos. [illegible] da. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland.

10. NAME OF FATHER: Patrick Kennedy.

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Bridget Faulkner.

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Kennedy
(Address) Burke, Idaho

15. Filed JAN 27 1912 191... K. L. Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. 25th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1912, to Jan. 25, 1912, that I last saw him alive on Jan. 25, 1912, and that death occurred on the date stated above, at [illegible] P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

..... (Duration) ..... yrs. ..... mos. ..... da.

Contributory (Secondary) Chronic Parenchymatous Nephritis

..... (Duration) 1 yr. ..... mos. ..... da.

(Signed) K. L. Quigley M. D.

Jan 26 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Providence Hosp. In the Wallace, Ida.
of death ..... yrs. ..... mos. 10 ds. State ..... yrs. ..... mos. ..... da.
Where was disease contracted,
If not at place of death? .....
Former or usual residence Burke, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho DATE OF BURIAL: Jan. 29 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1402

Registered No. /

1. PLACE OF DEATH.
County of Lemhi
City of Gilmore

Registration District No. Bayonetter
Primary Registration District No.
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Henderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1863 (Year)

7. AGE: 57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) No informant
(Address)

15.
Filed Feb 5 1912 Chas. F. Hamner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Jan 5 1912, that I last saw h[im] alive on Jan 5 1912 and that death occurred on the date stated above, at 11 45 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia following repeated alcoholic excess, extending over periods of from two weeks to two months.

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) Miner's consumption.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Rule M. D.

Jan 12 1912. (Address) Gilmore Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gilmore Idaho.
DATE OF BURIAL: Jan 6 1912

20. UNDERTAKER: Clint Rodda No licensed undertaker.
ADDRESS: Gilmore, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1404

Registered No. 3

1. PLACE OF DEATH.
County of Gem Co
City of Gilmore
(No. ....., ... St.)

Registration District No. 77
Primary Registration District No. 2116

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Rainey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: December 29 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. ..... mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Gilmore Idaho

10. NAME OF FATHER: James A Rainey

11. BIRTHPLACE OF FATHER (State or Country): Mexan Idaho

12. MAIDEN NAME OF MOTHER: Viola Preston

13. BIRTHPLACE OF MOTHER (State or Country): Idaho Falls Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James A Rainey
(Address) Gilmore Ida

15.
Filed Feb. 5 1912 Chas. F. Hammel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1911, to Jan 12 1912
that I last saw him alive on Jan 11 1912,
and that death occurred on the date stated above, at 6 00 A M.

The CAUSE OF DEATH* was as follows:
Malnutrition.

..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary): Premature birth (7 mos)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank O. Paulk M. D.
Jan 12 1912 (Address) Gilmore, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
of death
Where was Disease contracted,
If not at place of death?
Former or
usual residence.

19. PLACE OF BURIAL OR REMOVAL: Gilmore Idaho
DATE OF BURIAL: Jan 12 1912

20. UNDERTAKER: W H Upham
ADDRESS: Gilmore Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1465
Registered No. 4

1. PLACE OF DEATH.
County of Lemhi
City of May

Registration District No. 77
Primary Registration District No. 7116
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laura Tanner Miller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: Feb 14 (Month) (Day) 1854. (Year)

7. AGE: 57 yrs. 11 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) housewife

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Mr. Tanner

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Corum

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis Webb
(Address) May, Idaho.

15.
Filed Feb 5 1917 Chas. F. Hammel
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 27 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Jan 27 1917
that I last saw her alive on Jan 4 1917
and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Interstitial nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Paralysis & Edema
..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J. W. Kelley M. D.
Jan 29 1917 (Address) Challis Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: May Cemetery
DATE OF BURIAL: Jan 29" 1917

20. UNDERTAKER: W. C. Doebler
ADDRESS: Salmon Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1406
Registered No. 5

1. PLACE OF DEATH.
County of Lemhi
City of Salmon

Registration District No. 29
Primary Registration District No. 2916
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Lynch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: 1 (Month) 14 (Day) 1917 (Year)

7. AGE: ~ yrs. ~ mos. 4 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: ~
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Salmon Idaho.

10. NAME OF FATHER: Elmer Thos. Lynch

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Nettie Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Kansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs E J Lynch
(Address) Salmon

15. Filed Feb 5 1917 Chas. F. Hammer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 18 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/14 1917, to 1/18 1917 that I last saw h[illegible] alive on Jan 17 1917 and that death occurred on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Inanition

..... (Duration) ~ yrs. ~ mos. 4 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. F. Hammer M. D.
1/19 1917 (Address) Salmon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salmon cemetery
DATE OF BURIAL: 1/20 1917

20. UNDERTAKER: Mrs. C. Horbler
ADDRESS: Salmon.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11 (39)

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1407
Registered No. 46

1. PLACE OF DEATH. Registration District No. 77
County of Lemhi Primary Registration District No. 2116
City of Salmon (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cruther Wilkinson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May 26" (Month) (Day) 1899 (Year)
7. AGE: 12 yrs. 9 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Lemhi County
10. NAME OF FATHER: Edwin C Wilkinson
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Clara Richardson
13. BIRTHPLACE OF MOTHER (State or Country): Montana
14. THE ABOVE ... TO THE BEST OF MY KNOWLEDGE
(Informant) William Shoup
(Address) Salmon Ida.
15.
Filed Feb 2 1912 Chas. F. Hummel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February 11" 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from his medical attendant 191..., to ~~his~~ after death 191... that I last saw him ~~alive~~ on after death Feb. 1912 and that death occurred on the date stated above, at 7-30 A.M.
The CAUSE OF DEATH* was as follows:
Lagrippe

(Duration) ... yrs. ... mos. 2 ds.
Contributory (Secondary) Tuberculosis and Valvular heart trouble
(Duration) 7 yrs. ... mos. ... ds.
(Signed) W. C. Whitwell M. D.
Feb 11 1912 (Address) Salmon Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salmon Idaho. DATE OF BURIAL: 2-12-1912
20. UNDERTAKER: Salmon McCobb ADDRESS: Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

7148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. ~~700~~ 3
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ..... St.)
File No. 1408
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank N Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: August (Month) 12 (Day) 1866 (Year)

7. AGE: 47 yrs. 5 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: ministry
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Delaware

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W. F. Prescott
(Address) Nampa Idaho

15. Filed 1 15 1912 O S Buller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1910, to Jan 10 1912 that I last saw h[im] alive on Jan 10 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
~~Locomotor Ataxia~~
Mitral Regurg.
(Duration) 10 yrs. — mos. ds.
Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A H Ross M. D.
Jan 13 1912 (Address) Nampa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 4 yrs. — mos. ds. In the State 4 yrs. — mos. ds.
Where was disease contracted, if not at place of death? don't know
Former or usual residence Minnesota & Washington

19. PLACE OF BURIAL OR REMOVAL: Sicilah Minn — DATE OF BURIAL: 1/17/1912

20. UNDERTAKER: F. C. Robinson — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1410

Registered No. 31

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 112, E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1007

2. FULL NAME Virginia Darling

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 4th (Day) 1910 (Year)

7. AGE: 1 yrs. 7 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Burley, Idaho

10. NAME OF FATHER: Frank Darling

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Veronia Campbell

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Darling
(Address) Boise, Idaho

15. Filed Feb 12 1912 — W. E. Keeley, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1912, to Feb 10th 1912 that I last saw h[er] alive on 2/10 1912, and that death occurred on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm F. Smith M. D.
2-11 1912 (Address) 410 Overland Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes Hospital in the
of death — yrs — mos 2 ds State ... yrs ... mos ... ds.
Where was Disease contracted, If not at place of death?
Former or usual residence 1133 ½ River St. Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 2/12 1912

20. UNDERTAKER: Schreiber & Siddenfaden — ADDRESS: Boise, Ida

Dr. Smith

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1411

Registered No. 30

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 410, State St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Richard Crooks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb 6 1883 (Month) (Day) (Year)

7. AGE: 28 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gunnison Colo

10. NAME OF FATHER: J. G. Crooks

11. BIRTHPLACE OF FATHER (State or Country): Ky

12. MAIDEN NAME OF MOTHER: Margt Adams

13. BIRTHPLACE OF MOTHER (State or Country): Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. G. Crooks
(Address) Oakland Ky.

15. Filed 2/19 1912 W. E. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 1 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22d 191..., to Feb 1st 1912, that I last saw h-im alive on Jan 31 11 P.M. 1912, and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:
Tetanus, following compound fracture of both legs below Knees
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Joseph R. Numbers M. D.
Feb 1 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St. Alphonsus Hospt. In the Boise, Idaho
of death ..... yrs ..... mos ..... ds State ..... yrs ..... mos. 10 ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Oakland Ky. DATE OF BURIAL: Feb 18th 1912

20. UNDERTAKER: Schreiber & Sidenfaden ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 523 So 15th St.) File No. 1412
Registered No. 29

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Walter Cutright

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 19th (Day) 1878 (Year)

7. AGE: 33 yrs. 10 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Retired Miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): near Atlantic. Iowa

10. NAME OF FATHER: Luther Cutright

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Maggie Reynolds.

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W. Cutright
(Address) Boise. Iowa

15. Filed 2/9 1912 W. R. Stokes Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 1. A. M.

The CAUSE OF DEATH* was as follows: Pneumonia Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Tuttle M. D.
19... (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence 523 So 15th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 2/12 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1415
Registered No. 27

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 716 Washington St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ara. J. Thompson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: Aug (Month) 14 (Day) 1842 (Year)

7. AGE: 69 yrs. 5 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Steuben Co. N.Y.

10. NAME OF FATHER: R. D. Aldk.

11. BIRTHPLACE OF FATHER (State or Country): N. York

12. MAIDEN NAME OF MOTHER: Hanna Corkins

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. L. Washington
(Address) 716 Washington.

15. Filed 2/7 1912 M C Hoffman Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1911, to 2/7 1912 that I last saw her alive on 2/5 1912, and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A. Tillery M. D.
2/7 1912 (Address) Idaho Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kansas City Mo.
DATE OF ~~BURIAL~~ Removal: Jan 8 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: 15th & Jefferson Boise.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WYMS-YORK CO., PRINTERS & RINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 141
Registered No. 26

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 814, Fort ——— St.)
Registration District No. 2
Primary Registration District No. 1004
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William F Bair

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

6. DATE OF BIRTH: 1832
(Month) (Day) (Year)

7. AGE: 80 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer Sexton of
(b) General nature of industry business, or establishment in which employed (or employer): St Michaels Cathedral

9. BIRTHPLACE (State or Country): United States

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Everett Smet
(Address) 378 N 2nd St

15. Filed 2/15 1912 M E Hopkins Local Registrar
Dr. Springer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1912, to Feb 4th 1912
that I last saw he alive on Feb 4th 1912,
and that death occurred on the date stated above, at 5. A. M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Uraemia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Springer M. D.
Feb 15 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: Feb. 6 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

File No. 1415
Registered No. 25
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Cannon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not obtainable (Month) 1 (Day) (Year)

7. AGE: about 78 Years yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister Finbarr
(Address) Boise

15. Filed 2/5 1912 W. E. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Callaghan M. D.

19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In this State 3 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: Feb. 6 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1416

Registered No. 24

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 1316 N 11th St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ovid G Sargent

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. (Month) 4 (Day) 1868. (Year)

7. AGE: 44 yrs. ~~9~~ mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denver Colorado.

10. NAME OF FATHER: Geo Sinehart

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania,

12. MAIDEN NAME OF MOTHER: Lina Putman

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. N. Sargent,
(Address) 1316 N 11 St

15. Filed 2/5 1912 W E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1911, to 2-3-1912, that I last saw her alive on 2-3-1912, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W L and C S Allen M. D.s

Feb. 5 1912 (Address) 257 Sonna Bld

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill. DATE OF BURIAL: Feb 5 1912

20. UNDERTAKER: Fry & Summers ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. ....., ... St.)

File No. 1417
Registered No. 73
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Barker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May 20th 1837 (Month) (Day) (Year)
7. AGE: 74 yrs. 8 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Not Obtainable
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Not Obtainable
13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable
14. THE ABOVE IS TRUE TO THE BEST OF MY KNO[redacted]E
(Informant): Sam T. Dav[redacted]
(Address): 720 Idaho St Bo[redacted]
15. [redacted]
Fil[redacted] ar[redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby 3rd 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 1911, to Feb 3 191[illegible]
that I last saw him alive on Feb 3 1912,
and that death occurred on the date stated above, at 4.30 P.M.
The CAUSE OF DEATH* was as follows:
Diabetes.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. F. Smith. M. D.
Feb 3 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes Hos In the
of death ..... yrs ..... mos. 14 ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence: Idaho City

19. PLACE OF BURIAL OR REMOVAL: Idaho City
DATE OF BURIAL: Feb. 5 1912

20. UNDERTAKER: Schreiber & Sidenader
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 141

Registered No. 22

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Rossana Atkinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Jan (Month) 16 (Day) 1870 (Year)

7. AGE: 42 yrs. — mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Martin Widrick

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mrs Widrick

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Atkinson
(Address) Boise

15. Filed 2/[illegible] [illegible] M E Hoff
Local R[illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1912, to Feb 3 1912
that I last saw her alive on Feb 2 1912,
and that death occurred on the date stated above, at 1. A. M.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 3 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. E. Bowers M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence on Bench near Cole School

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery	2/5 1912

20. UNDERTAKER	ADDRESS
Schreiber & Siebenfaden	Boise, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTE[illegible]

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1419
Registered No. 33

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1
(No. St. Luke's Hospital St.)

2. FULL NAME Mary Sarah W.C. Cord

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May (Month) 18 (Day) 1859 (Year)

7. AGE: 52 yrs. 9 mos. 2 ds. IF LESS than 1 day how many.....hrs.or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: James S. Wood

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Sarah Jane Stephens

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Frank Timmons
(Address) 1005 E. Franklin St.

15. Filed 2/14 1912 W.E. Hobbs Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1911, to Jan 13 1912, that I last saw h.e alive on Jan 10 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Recurrent carcinoma of ~~left~~ Right breast and axilla

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. M. Halverson M. D.
Feb. 14. 1912 (Address) 210 Overland

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted.
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: Feb 15 1912

20. UNDERTAKER: Frye & Summers — ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1426

Registered No. 32

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. **PLACE OF DEATH.**
County of Ada
City of Boise
Registration District No.
Primary Registration District No.
(No. 11 ½ , Main St.)
If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** C. M. Wadsworth
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Male

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** (*Write* the word.) Married

6. **DATE OF BIRTH** not obtainable
(Month) (Day) (Year) 1

7. **AGE** about 50 Years
yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. **OCCUPATION**
(a) Trade, professsion, or particular kind of work Agent
(b) General nature of industry business, or establishment in which employed (or employer) Ins. Co.

9. **BIRTHPLACE** (State or Country) not obtainable

10. **NAME OF FATHER** not obtainable

11. **BIRTHPLACE OF FATHER** (State or Country) not obtainable

12. **MAIDEN NAME OF MOTHER** not obtainable

13. **BIRTHPLACE OF MOTHER** (State or Country) not obtainable

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) A Schreiber
(Address) Boise

15.
Filed 2/10/12 191... [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH**
Feb. (Month) 10 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Heart failure
Was dead when I was called.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Bright disease
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place Owyhee Hotel In the
of death ... yrs. ... mos. 3 ds. State ... yrs. ... mos. ... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence Spokane Wash.

19. **PLACE OF BURIAL OR REMOVAL** Butte Mont. — **DATE OF BURIAL** Shipment Feb. 13 191 2

20. **UNDERTAKER** Schreiber & Lieuallen — **ADDRESS** Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1421

Registered No. 47

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 1003 W. Bannock St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah Martha Day

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 24 (Day) 1909 (Year)

7. AGE: 3 yrs. — mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pine Creek. Oregon.

10. NAME OF FATHER: Geo H. Day. Jr.

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Sarah E Kellogg.

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo H Day Jr

(Address) Boise Idaho

15. Filed 3/2/12 191 [redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Attack Feb. 29 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1912, to Feb. 29, 1912, that I last saw h[illegible] alive on Feb. 27 1912, and that death occurred on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Shawhan, M. D.

March, 19 12. (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery Boise Ida

DATE OF BURIAL: March 2 1912

20. UNDERTAKER: [illegible] & Sidenfaden

ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004 File No. 1422
City of Boise (No. 618 E Eastman St.) Registered No. 46

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edwin E Austin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: July (Month) 20 (Day) 1837 (Year)

7. AGE: 74 yrs. 7 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Millwright Man
(b) General nature of industry business or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: Samuel T Austin

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Polly Jones

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry E Austin
(Address) 1903 No 8 st

15. Filed 2/29 1912 W E Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Feb 28 1912
that I last saw him alive on Feb 28 1912,
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows: Carcinoma of Rectum

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A Tatum M. D.
2/29 1912 (Address) Idaho Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: Mar 1 1912

20. UNDERTAKER: Hoyt & Summers — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1423
Registered No. 43

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1004
(No. 110, East Bannock St.)

2. FULL NAME Bella Aegabright

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 10 (Day) 1858 (Year)

7. AGE: 53 yrs. 8 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: J. Roberts

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Burnetts
(Address) South Boise

15. Filed 2/29 1912 W. E. Pfeiffer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 25 (Day), 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1912, to Feb 25 1912 that I last saw her alive on [redacted] 25 1912, and that death occurred on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.
Contributory (Secondary)
(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] M. D.
2/27 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? 2 hours
Former or usual residence: Garden Valley Boise Co.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Feb 28 1912

20. UNDERTAKER: Schreiber & Redemeyer | ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 142
Registered No. 44

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 711 Idaho St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wong Louie

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Yellow
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not Obtainable 1
(Month) (Day) (Year)

7. AGE: 67 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Porter
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): China

10. NAME OF FATHER: not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): not Obtainable

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wong Long
(Address) Boise

15. Filed 2/27 1912 M C Hopkins Local Registrar
Pittinger

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1912, to Feb 22 1912
that I last saw h... alive on Feb 21 1912,
and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary): Accident

(Duration) ... yrs. ... mos. ... ds.

(Signed) Fred A Pettey M. D.
2/27 1912 (Address) Wade Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence. 711 Idaho St Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Chinese Cemetery — DATE OF BURIAL: 3/29 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1004
(No. 1318 Ada — St.)
2. FULL NAME Phoebe W. Tallman

File No. 1425
Registered No. 43
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: June (Month) 8 (Day) 1836 (Year)

7. AGE: 75 yrs. 8 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N. York

10. NAME OF FATHER: Garret Van Aredale

11. BIRTHPLACE OF FATHER (State or Country): N. York

12. MAIDEN NAME OF MOTHER: Phoebe Hycroff

13. BIRTHPLACE OF MOTHER (State or Country): N. J.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. G. Tallman
(Address) 1117 Jefferson St.

15. Filed 2/26 1912 W. M. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1912, to Feb 25 1912, that I last saw her alive on Feb 25 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Heart Disease
(Chronic mitral regurgitation)

(Duration) 5 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) M. H. Tallman M. D.
Feb 26 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: Feb 27 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1426

Registered No. 42

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1084

(No. 508, Alturas St.)

2. FULL NAME Luciandia Ford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June 24 18
(Month) (Day) (Year)

7. AGE: 67 yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: William Bradley

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Lallia Bellare

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bessie Rose
(Address) Boise

15. Filed 2/26 191 2 W. E. Hollis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 24 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 191 2, to 2-24 191 2 that I last saw her alive on 2-22 191 2, and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(Duration) Several yrs. — mos. — ds.

Contributory (Secondary) Asthma

(Duration) Several yrs. — mos. — ds.

(Signed) W. S. Peters M. D.

2-25 19 12 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Feb. 26 191 2

20. UNDERTAKER: Schreiber & Liedtke — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 7004
File No. 1427
Registered No. 41

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 1404, Jefferson St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E. Stewart
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE: 18 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: J. P. Stewart

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Mary E. Weir

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Brice Stewart
(Address) Boise

15. Filed 2/16 191 2 W. E. Hoppis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191..., to Feby 24 1912
that I last saw her alive on Feby 24 1912,
and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Pneumonia,
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Endocarditis
(Duration) Several years yrs. ..... mos. ..... ds.

(Signed) J. W. Smith, M. D.
Feb 24 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery
DATE OF BURIAL: Feb. 26 1912

20. UNDERTAKER: Schreiber & Siebenfade
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

2

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1428

Registered No. 4

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
Registration District No.
Primary Registration District No. 1004
(No. 112, E. Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Samuel Shelby.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 11 (Day) 1885 (Year)

7. AGE: 26 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lebanon. Mo.

10. NAME OF FATHER: J. D. Shelby

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Maggie Flannery

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John Graven
(Address): New Bridge, Ore.

15. Filed 2/24 1912 W. E. Hall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th 1912, to Feb 23 1912, that I last saw him alive on Feb 23 1912, and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:
Perforative Peritonitis

(Duration) yrs. mos. 13 ds.
Contributory (Secondary) Perforated Gangrenous appendix.
(Duration) yrs. mos. ds.

(Signed) L. P. McCalla M. D.
Feb 24 1912 (Address) L. P. McCalla

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs. — mos. 14 ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: New Bridge Ore

19. PLACE OF BURIAL OR REMOVAL: Lebanon Mo.
DATE OF BURIAL: 2/24 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1429

Registered No. 39

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 1004
(No. 1903 Washington St.)

2. FULL NAME John W. Edwards.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 26 (Day) 1864 (Year)

7. AGE: 58 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: retired Dairyman
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: Saml E. Edwards.

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Rebecca Weidman

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. Weidman Edwards
(Address) Boise Idaho

15. Filed 7/03 191 2 W E Hoff Reg Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 17 1912, to Feby 20 1912, that I last saw him alive on Feby 20 1912, and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:
Intermittent Malaria
(Duration) yrs. 2 mos. — ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. E. Varney M. D.
Feby 21 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Residence In the City Boise
of death ..... yrs. ..... mos. 10 ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence 1903 Washington Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

Tuckey

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 112 E. Bannock St.)

File No. 1430
Registered No. 38
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah J. Blankenship

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: July (Month) 7 (Day) 1844 (Year)

7. AGE: 67 yrs. 7 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: retired Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Elija Lewellen

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Nancy Lewellen,

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Ramsey
(Address) Boise, Idaho.

15.
Filed 2/23 1912 M E Hopkins
Local Regi[strar]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 22nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1910, to Feb 22nd 1912, that I last saw her alive on Feb 21st 1912, and that death occurred on the date stated above, at 11:30 A. M.

The CAUSE OF DEATH* was as follows:
Senile Pneumonia

(Duration) 4 yrs. mos. 14 ds.
Contributory (Secondary) Apoplexy

(Duration) yrs mos ds.
(Signed) John Barker M. D.
Feb 23 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes Hospital
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence. 714 Franklin St. Boise Ida

19. PLACE OF BURIAL OR REMOVAL: Enterprise Ore
DATE OF BURIAL: 2/23 1912

20. UNDERTAKER: [illegible] Sidenfaden
ADDRESS: Boise, Idaho

N. B.—[illegible] CIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1432

Registered No. 36

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 104 N Borah St.)

2. FULL NAME John Cameron

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not obtainable (Month) (Day) 1 (Year)

7. AGE: about 50 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Mr Cameron

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mike Burns
(Address) Boise

15. Filed 4/17 1912 M E Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14th 1912, to Feb 14th 1912, that I last saw h[illegible] alive on Feb 14th 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Oedema of lungs
Cause: Miners consumption

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) John Burns M. D.
Feb 16th 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 2/18 1913

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1433

Registered No. 36

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 410, State St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Sweeny

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 29 (Day) 1858 (Year)

7. AGE: 53 yrs. 6 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: R. R. Contractor
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: Joseph Sweeny

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs M. H. Sweeny
(Address): Boise Ida.

15.
Filed 2/17 1912 M. E. Hollister Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 27 1912, to Feby 15 1912 that I last saw h[illegible] alive on Feb 15 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows: Glomerular Nephritis.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Edward H Lee M. D.

Feb 16 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Alphonsus Hosp in Boise two hours
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence Emmett Ida

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: Feb. 19 1912

20. UNDERTAKER: Schreiber & Heidenreich
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1434
Registered No. 34

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 1305, East Jefferson St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edwin Lucien Henkel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: Sept. 30th. (Month) (Day) 1911 (Year)

7. AGE: yrs. 4 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): ?

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: Christian K. Henkel

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Alma C. Voss

13. BIRTHPLACE OF MOTHER (State or Country): Helena Mont.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christian K. Henkel
(Address) Boise

15. Filed 2/16 1912 W. E. Pope Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 16th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 16 1912 to ——— 191..., that I last saw h/his alive on ——— 191..., and that death occurred on the date stated above, at ——— M.

The CAUSE OF DEATH* was as follows:
Death occurred prior to arrival of doctor

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Lusby M. D.
Feby 16 1912 (Address) Boise City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: Feb. 16 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

[redacted]FICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1435
Registered No. 24

1. PLACE OF DEATH. Registration [redacted] No.
County of Latah Primary Reg[redacted] District No. 2067
City of Bovill (No. [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ronnie Butler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 28 (Day) 1913 (Year)

7. AGE: ....yrs. ....mos. 3 ds. IF LESS than 1 day how many ....hrs. or ....min.: 3 hours

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): None

9. BIRTHPLACE (State or Country): Latah Co, Idaho

10. NAME OF FATHER: James H. Butler

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Reda B. Hunt

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Butler
(Address) Bovill

15. Filed Feb 29 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1912 to Feb 28 1912 that I last saw h[redacted] alive on Feb 28 1912 and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Patient Trauma Oral

.... (Duration) .... yrs. .... mos. .... ds.

Contributory (Secondary): Premature birth

.... (Duration) .... yrs. .... mos. .... ds.

(Signed) W. Young M. D.

Feb 29 1912 (Address) Bovill, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bearwedge, Idaho — DATE OF BURIAL: Feb 29 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse Wash

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1436
Registered No. 24

1. PLACE OF DEATH. Registration District No. 13
County of Latah Primary Registration District No. 2063
City of Genesee (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wesley Carl Stryner.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March (Month) 25 (Day) 1908 (Year)
3 yr 10 mo 3 ds
7. AGE: 3 yrs. 10 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Genesee
10. NAME OF FATHER: Carl Stryner
11. BIRTHPLACE OF FATHER (State or Country): Wisconsin
12. MAIDEN NAME OF MOTHER: Martha Stelty
13. BIRTHPLACE OF MOTHER (State or Country): S. Dakota.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Potlatch Idaho
15.
Filed 2-15 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1912, to Feb 16 1912
that I last saw h[illegible] alive on Feb 16 1912
and that death occurred on the date stated above, at 9 A M.
The CAUSE OF DEATH* was as follows:
Whooping Cough
..... (Duration) ..... yrs. ..... mos. 24 ds.
Contributory (Secondary) Bronchial Pneumonia
..... (Duration) ..... yrs. ..... mos. 4 ds.
(Signed) [illegible] M. D.
Feb 17 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Potlatch — DATE OF BURIAL: 2-18 1912
20. UNDERTAKER: F. E. Lambert — ADDRESS: Genesee Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. [redacted] M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistic

1. [redacted]EATH.
County o[redacted]ah
City of [redacted]scow

Registration District No. 13
[redacted] Registration District No. 2062
(No. ..... St.)

File No. 1437
Registered No. 27

If death occurs away from usual residence, give facts called for by special information.

2. FULL NAME Hakan Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 30 (Day) 1877 (Year)

7. AGE: 36 yrs. 5 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden.

10. NAME OF FATHER: Per Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Buttla Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Swan Peterson
(Address) Deary

15. Filed Feb 10 1912 D. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. 9th (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 — 191[illegible], to Feb. 9 — 191[illegible]
that I last saw him alive on Feb. 8 — 191[illegible]
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. —

Contributory (Secondary)

(Duration) 6 yrs. mos.

(Signed) J. C. Wills M. D.
Feb. 9 191[illegible] (Address) Moscow Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... d
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Deary
DATE OF BURIAL: [redacted] 191[illegible]

20. UNDERTAKER: Geo Watts
ADDRESS: [redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1438
Registered No. 20

1. PLACE OF DEATH.
County of Latah
City of Moscow (No. ....., ... St.)

Registration District No. 10
Primary Registration District No. 2062

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Gilbertson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) 21 (Day) 1858 (Year)

7. AGE: 53 yrs. 11 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Funk
(Address) Moscow

15. Filed Feb 13 1912 — J. F. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1911, to Feb. 12 1912
that I last saw her alive on Jan 21 1912
and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 5 mos. — ds.

Contributory (Secondary) Rheumatism (Duration) 2 yrs. — mos. — ds.

(Signed) J. E. Wirt M. D.
Feb 13 1912 (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Feb 14 1912

20. UNDERTAKER: John Gilbertson — ADDRESS: Troy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1439
Registered No. 25

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 13
Primary Registration District No. 2062
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Michael Wren

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May 16 1836 (Month) (Day) (Year)

7. AGE: 76 yrs. 9 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: John Wren

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Margaret

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kathrine Wren
(Address) Moscow Idah

15. Filed Mch 6 1912 T. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 4 1912. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1912, to March 4 1912
that I last saw h in alive on Feb 26 1912
and that death occurred on the date stated above, at 2:30 M.

The CAUSE OF DEATH* was as follows:
Gastric Ulcer

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Quilliam M. D.
March 6 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Mch 7 1912

20. UNDERTAKER: Geo. Metz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1440
Registered No. 22

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edna Ethel Hawks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	W	Single

6. DATE OF BIRTH: Oct (Month) 6th (Day) 1887 (Year)

7. AGE: 25 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Williams Fort N. Dak

10. NAME OF FATHER: S. A. Hawks

11. BIRTHPLACE OF FATHER (State or Country): Grayson Co Va

12. MAIDEN NAME OF MOTHER: Eliza Belle Moore

13. BIRTHPLACE OF MOTHER (State or Country): Grayson Co Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. A. Hawks
(Address) Moscow Idaho

15. Filed Feb 12 1912 — D. F. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1912, to Feb 11 1912, that I last saw her alive on Jan 13 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) — yrs. — mos. ..... ds.

(Signed) J. M. Clarke M. D.
Feb. 12 1912 (Address) Moscow Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Feb 13 1912

20. UNDERTAKER: Geo Stoltz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 15
Primary Registration District No. 1008
(No. ..... St.)

File No. 1111
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME [redacted] Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Born in Aug (Month) 5 (Day) 1911 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Moscow

10. NAME OF FATHER: Charles Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden Iowa

12. MAIDEN NAME OF MOTHER: Emma Oftell

13. BIRTHPLACE OF MOTHER (State or Country): Iowa City Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Charles Peterson
(Address): Moscow Idaho.

15. Filed Feb 17 1912 D. J. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1912, to Feb 16 1912 that I last saw her alive on Feb 16 1912 and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Malnutrition

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Joseph Aspra M. D.

2-17 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Feb 18 1912

20. UNDERTAKER: Geo Stoltz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1446
Registered No. 25

1. PLACE OF DEATH.
County of Caton.
City of Moscow

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Addie B. Sevey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November 29. 1859
(Month) (Day) (Year)

7. AGE: 53 yrs. 2 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sales Lady
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Thorndyke Maine

10. NAME OF FATHER: Unknown Hamilton

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. Sevey
(Address) Eugene Oregon

15.
Filed Feb 23 1912 D. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1912, to ~~Dec 1911~~ that I last saw her alive on Feb. 22 1912 and that death occurred on the date stated above, at 3P M.

The CAUSE OF DEATH* was as follows:
Clot on brain apoplexy.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Garfield M.D.
19 ..... (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iper Eugene Or.
DATE OF BURIAL: Feb 24 1912

20. UNDERTAKER: Geo Stutz
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1443
Registered No. 2

1. PLACE OF DEATH.
County of Adams
City of Council
(No. ....., ... St.)
Registration District No. 4
Primary Registration District No. 2011
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andy H Carroll

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 9 (Day) 1886 (Year)

7. AGE: 23 yrs. 11 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Clerk
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: J L. B Carroll

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Ellen Barton

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gladys A. Carroll
(Address) Council

15.
Filed 2-15 1912 Frank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-7 1912, to 2-13 1912 that I last saw him alive on 2-13 1912, and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E Brown M. D.
2-16 1912 (Address) Council Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Council
DATE OF BURIAL: 2-14 1912

20. UNDERTAKER: Cossitt & Young
ADDRESS: Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Council
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 2011
(No. ....., ... St.)

File No. 1414
Registered No. 1
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Mauer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: In.
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 2 — 15 — 1912 (Month) (Day) (Year)

7. AGE: Breathed only twice yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Council

10. NAME OF FATHER: A L Mauer

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Olive Robinson

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Frank E Brown
(Address): Council

15.
Filed 2-16 1912 Frank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 — 15 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Asphyxiation during birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E Brown M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Council — DATE OF BURIAL: 2-16 1912

20. UNDERTAKER: By Friends — ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1445
Registered No. 6

1. PLACE OF DEATH.
County of Clearwater
City of Orofino, Ida
(No. ....., ... St.)

Registration District No. 17
Primary Registration District No. 2078

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Britton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feby (Month) 9 (Day) 191- (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many .6. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: -
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Orofino, Clearwater Co, Ida

10. NAME OF FATHER: Marion K. Britton

11. BIRTHPLACE OF FATHER (State or Country): Ky

12. MAIDEN NAME OF MOTHER: Nellie A Peterson

13. BIRTHPLACE OF MOTHER (State or Country): California

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. K. Britton
(Address) Orofino, Ida

15. Filed Feby 10 191- J. M. Tawney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby (Month) 9 (Day) 191- (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 9, 191-, to Feby 9 191-
that I last saw h-m alive on Feby 9 191-
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. M. Tawney M. D.
Feby 10 191- (Address) Orofino, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino, Ida
DATE OF BURIAL: Feby 10 191-

20. UNDERTAKER: none
ADDRESS: -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1447
Registered No. 8

1. PLACE OF DEATH.
County of Clearwater
City of Elk River
Registration District No. 17
Primary Registration District No. 2079
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Pearl Roberta Balderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Married~~ Single

6. DATE OF BIRTH: Feb 15 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Baby.

9. BIRTHPLACE (State or Country) Elk River Ida

10. NAME OF FATHER Nelson Balderson

11. BIRTHPLACE OF FATHER (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Florence Cubler

13. BIRTHPLACE OF MOTHER (State or Country) Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nelson Balderson
(Address) Elk River Ida Dec 17.

15. Filed ..... 191.. E. M. Horswell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb 15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Dec 16~~ 1912, to Feb 15 1912 that I last saw her alive on Feb 15 1912 and that death occurred on the date stated above, at 11:30 PM.

The CAUSE OF DEATH* was as follows:

Marasmus.
Hypertrophic cirrhosis of Kidneys + Partial occlusion of bowel
(Duration) ..... yrs. 2 mos. 6 ds.
Contributory (Secondary) Hypertrophic cirrhosis of Kidneys + Partial obstruction of bowel.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. M. Horswell M. D.
Feb 16 1912 (Address) Elk River Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elk River Ida
DATE OF BURIAL: Feb 17 1912

20. UNDERTAKER: C. G. Morris
ADDRESS: Elk River Ida

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1418

Registered No.

1. PLACE OF DEATH. Registration District No. 17

County of Clearwater Primary Registration District No. 2079

City of Elk River (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wallace Jorgus

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb 5 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Clearwater Co Idaho.

10. NAME OF FATHER: Harvey Jorgus

11. BIRTHPLACE OF FATHER (State or Country): Illinois.

12. MAIDEN NAME OF MOTHER: Mabel Briggs

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harvey Jorgus sr.
(Address) Elk River Ida

15.
Filed ..... 191..
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 5 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1912, to Feb 5 1912
that I last saw h alive on Feb 5 1912
and that death occurred on the date stated above, at 7½ M.

The CAUSE OF DEATH* was as follows:
Miscarriage at 6½ mo.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Bright Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw D Foswell M. D.
Feby 5 1912 (Address) Elk River Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Elk River Ida — DATE OF BURIAL: Feb 6 1912

20. UNDERTAKER: C. G. Morris — ADDRESS: Elk River Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1449
Registered No. 10

1. PLACE OF DEATH.
County of Clearwater
City of Elk River
(No. ....., ... St.)

Registration District No. 17
Primary Registration District No. 7079

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Walter Jorgen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 4 hrs. or 30 min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Elk River Ida

10. NAME OF FATHER: Harvey Jorgen

11. BIRTHPLACE OF FATHER (State or Country): Minn.

12. MAIDEN NAME OF MOTHER: Mabel Briggs

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harvey Jorgen
(Address) Elk River Ida

15.
Filed ..... 191...
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 5 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 at 12 M 1912, to Feb 12 - 4:30 PM 1912 that I last saw him alive on Feb 12 - 4:30 PM 1912 and that death occurred on the date stated above, at 4:30 M.

The CAUSE OF DEATH* was as follows:
Miscarriage at 6½ months
Fetus Found development of child.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Breech presentation
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Earle M Howard M. D.
Feb 6 1912 (Address) Elk River Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elk River Ida
DATE OF BURIAL: Feb 6 1912

20. UNDERTAKER: C. G. Morris
ADDRESS: Elk River Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1450
Registered No. 9

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 1009 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Philip Foster Lemmon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Dec (Month) 25 (Day) 1877 (Year)
7. AGE: 34 yrs. 1 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Peter Lemmon
11. BIRTHPLACE OF FATHER (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Ellen Steel
13. BIRTHPLACE OF MOTHER (State or Country): Virginia
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Lemmon
(Address) 131 - 24th St.
15.
Filed 3-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 2 (Month) 9 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 1st 1912, to Feb 9 1912
that I last saw him alive on Feb. 5 1912
and that death occurred on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:
Nephritis
(Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Anasarca.
(Duration) ..... yrs. 1 mos. ..... ds.
(Signed) L. J. Perkins M. D.
2-10 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: City — DATE OF BURIAL: 2/10 1912
20. UNDERTAKER: J. Larsar — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1451
Registered No. 10

1. PLACE OF DEATH.
County of Nez Perce
City of Lapwai
(No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 2117

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robt. Delay Gibson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	white	Single

6. DATE OF BIRTH
1 (Month) 6 (Day) 1911 (Year)

7. AGE
1 yrs. 1 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Wm. Gibson

11. BIRTHPLACE OF FATHER (State or Country) Wash

12. MAIDEN NAME OF MOTHER Lucy Cyce

13. BIRTHPLACE OF MOTHER (State or Country) Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Gibson
(Address) Lewiston, R.D

15.
Filed 3-10 1912
L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
2 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1911, to Feb 11 1912 that I last saw h[illegible] alive on Jan 20 1912 and that death occurred on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
.....
.....
(Duration) 1 yrs. 1 mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John B. Alley M. D.
Feb 11 1912 (Address) Lapwai

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 2-12 1912

20. UNDERTAKER: C. J. Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1452
Registered No. 11

1. PLACE OF DEATH.
County of Nez Perce
City of Culdesac
Registration District No. 16
Primary Registration District No. 2073
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Vina Nash

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 15 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nez Perce Co.

10. NAME OF FATHER: Jas. Nash (Presumed)

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: Lottie Brandt

13. BIRTHPLACE OF MOTHER (State or Country): Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lottie Maley
(Address) Culdesac

15.
Filed Feb. 17 1912
3-10-1912
J. H. Ragsdale Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1912, to ..... 191..
that I last saw her alive on Feb. 15 1912
and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:
Congenital

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary): unknown
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Ragsdale M. D.
Feb 17 1912 (Address) Culdesac

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: on premises of the mother
DATE OF BURIAL: Feb 17 1912

20. UNDERTAKER: Chas E. Carlile
ADDRESS: Culdesac

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1453
Registered No. 12

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Oster

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Dont Know (Month) 1 (Day) (Year)
7. AGE: 27 yrs. ——— mos. ——— ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Jeweler
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Ill.
10. NAME OF FATHER: F Oster
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: dont know
13. BIRTHPLACE OF MOTHER (State or Country): " "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Frank Oster
(Address) Lewiston Ida.
15. Filed 3-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 19 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Cyanide potassi poisoning
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L J Perkins M. D.
Feb 20 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bloomington Ill — DATE OF BURIAL ..... 191...
20. UNDERTAKER: Cassar — ADDRESS Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1454
Registered No. 13

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
(No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gw. A. Frost

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1834 (Year)

7. AGE: 74 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Drayman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C W Sharff
(Address) Lewiston

15. Filed 3-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 22 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1912, to Feb 22 1912 that I last saw h[illegible] alive on Feb 22 1912 and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Cirrhosis Pectoris

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C W Sharff M. D.
Feb 22 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Walla Walla, Wash. DATE OF BURIAL ..... 191...

20. UNDERTAKER: Hassar ADDRESS: Lewiston Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1455

Registered No. 14

1. PLACE OF DEATH.
County of Nezperce.
City of Gifford. Ida.
(No. ....., ... St.)

Registration District No. 16

Primary Registration District No. 2074

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Minnie Haydew.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child.

6. DATE OF BIRTH: Sep- (Month) 11th (Day) 1909 (Year)

7. AGE: 2 yrs. 5 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Gifford. Idaho.

10. NAME OF FATHER: Albert Haydew

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Mortimore

13. BIRTHPLACE OF MOTHER (State or Country): Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Herrington
(Address) J. J. Gifford. Idaho

15.
Filed 3-10 1912 L. J. Perkins Local Reg[istrar]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby 22nd. 22 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 21st 11 AM 1912, to Feby 22nd 5 AM 1912, that I last saw h[er] alive on Feby 21st 11:30 P.M. 1912 and that death occurred on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Pneumonia Fever

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) Congestion (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Herrington, M. D.
Feby 22nd 1912 (Address) Gifford, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F Cemetery of Gifford — DATE OF BURIAL: Feby 23 1912

20. UNDERTAKER: H. E. Goddard — ADDRESS: Gifford Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1156
Registered No. 13

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. 0208 [illegible] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elmer Thrall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Feb (Month) 22 (Day) 1911 (Year)
7. AGE: 1 yrs. — mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Lewiston
10. NAME OF FATHER: Samuel Thrall
11. BIRTHPLACE OF FATHER (State or Country): N Y
12. MAIDEN NAME OF MOTHER: Mary De Bois
13. BIRTHPLACE OF MOTHER (State or Country): Vt
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary Thrall
(Address) Lewiston Idaho
15.
Filed 3-10 1912 L J Perkins
Local Regi[illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 22 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 1911, to Feb 22 1912
that I last saw h[illegible] alive on Feb 22 191[illegible]
and that death occurred on the date stated above, at 6 a M.
The CAUSE OF DEATH* was as follows:
Tuberculosis of intestin
(Duration) yrs. 6 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) L J Perkins M. D.
Feb 23 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Feb 23 1912

20. UNDERTAKER: [illegible] Gasser
ADDRESS: Lewiston Id.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1457
Registered No. 16

1. PLACE OF DEATH
County of Nez Perce
City of Lewiston (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amos Wapshelia

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: About January 1 ..... (Month) (Day) (Year)

7. AGE: About 46 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indian Reservation

10. NAME OF FATHER: Amos Wapshelia

11. BIRTHPLACE OF FATHER (State or Country): Lake River

12. MAIDEN NAME OF MOTHER: Petohlalote

13. BIRTHPLACE OF MOTHER (State or Country): Near Asotin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances McFarland
(Address) Lapwai Idaho

15. Filed 3-10 1912 L.S. Perkins, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: About Feb. 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Exposure
Coronary Th.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Vassar M. D.
2/26 1912 (Address) City Lewis

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sweetwater — DATE OF BURIAL: 2-28 1912

20. UNDERTAKER: J. Vassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine. Primary Registration District No. 2077
City of Bellevue (No. 0, St.) File No. 1458
If death occurs away from usual residence, give facts called for under special information. Registered No. 6
2. FULL NAME Theo Willis Parth
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Oct 23 (Month) (Day) 1848 (Year)
7. AGE: 63 yrs. 4 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: x
11. BIRTHPLACE OF FATHER (State or Country): x
12. MAIDEN NAME OF MOTHER: x
13. BIRTHPLACE OF MOTHER (State or Country): x
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Burnham
(Address) Picabo
15. Filed Mar 1st 1912 R. H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 28 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1912, to Feb 28 1912
that I last saw him alive on Feb 27 1912,
and that death occurred on the date stated above, at 9- P M.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) yrs. mos. 5 ds.
Contributory (Secondary) x
(Duration) x yrs. mos. ds.
(Signed) J. F. Root M. D.
19 (Address) Hailey Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Picabo — DATE OF BURIAL: Mar 1st 1912
20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2022
File No. 1459
Registered No.

1. PLACE OF DEATH.
County of Blaine
City of Bellevue (No. , St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jane Cummings

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Oct (Month) 30 (Day) 1839 (Year)

7. AGE: 72 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER Wahope

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A B. Cummings
(Address) Bellevue

15. Filed Mar 1st 1912 Robert H Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Senile Gangrene
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) No Physician M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue Idaho
DATE OF BURIAL: Mar 1st 1912

20. UNDERTAKER: P. O. Harris
ADDRESS: Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Soldier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

File No. 1400
Registered No. 8
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George W Baldwin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Dec 4 1846 (Month) (Day) (Year)

7. AGE: 66 yrs. 2 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Not able to obtain

11. BIRTHPLACE OF FATHER (State or Country): Pa?

12. MAIDEN NAME OF MOTHER: not able to obtain

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. C. Beck.
(Address) Crichton Ida

15. Filed Feb 15 1912 Robert Hayden Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1912, to Feb 7 1912, that I last saw him alive on Jan 16 1912, and that death occurred on the date stated above, at 6 a M.

The CAUSE OF DEATH* was as follows:
Cardiac Asthma

— (Duration) 10 yrs. — mos. — ds.

Contributory (Secondary)
— (Duration) — yrs. — mos. — ds.

(Signed) C. C. Stuggs M. D.
Feb 7 1912 (Address) Soldier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soldier Ida
DATE OF BURIAL: 2-8 1912

20. UNDERTAKER: Sig Morrell
ADDRESS: Soldier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Blaine

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

File No. 1461
Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Earl Cunningham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan 10 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Henry H Cunningham

11. BIRTHPLACE OF FATHER (State or Country): Oklahoma

12. MAIDEN NAME OF MOTHER: Ellen Sanders

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Brooks
(Address) Blaine Ida

15. Filed Feb 10 1912 R. Thurston Brigham Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 3 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1912, to Jan 31 1912, that I last saw h... alive on Jan 31 1912, and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Catulous Foramen Ovale

(Duration) — yrs. — mos. 24 ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) DeWitt Driggs M. D.
2-5-1912 (Address) Soldier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soldier — DATE OF BURIAL: 2-5-1912

20. UNDERTAKER: Big Moore — ADDRESS: Soldier

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2024
File No. 140
Registered No. 10

1. PLACE OF DEATH.
County of Blaine
City of Moore (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elmer Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH Feb. (Month) 19 (Day) 1911 (Year)

7. AGE ..... yrs. ..... mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER Byron Williams

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Fay Radford.

13. BIRTHPLACE OF MOTHER (State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fay Radford
(Address) Moore Idaho.

15. To be taken to St Anthony later.
Filed Feb 28 1912 P. E. Hunt Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I did not attend deceased from ..... 191..., to ..... 191...
that I last saw him alive on Feb 21 1912,
and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Probable Broncho Pneumonia
from history given by mother and
Mrs. Charlotte Berry.
(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Congenital debilety
(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) D W Mcmahan M. D.
Feb 24 1912 (Address) Moore Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Moore. DATE OF BURIAL Feb 25 1912

20. UNDERTAKER Charlotte E. Berry ADDRESS Moore.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Moore.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024
(No. ....., ... St.)

File No. 1463
Registered No. 11
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Alexander Garnett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Nov. (Month) 20 (Day) 1832 (Year)

7. AGE: 79 yrs. 2 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer): formerly peddler.

9. BIRTHPLACE (State or Country): New York.

10. NAME OF FATHER: Gilbert Garnett

11. BIRTHPLACE OF FATHER (State or Country): U. S. A. State not known

12. MAIDEN NAME OF MOTHER: Elizabeth Hull

13. BIRTHPLACE OF MOTHER (State or Country): U. S. A. State not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Harriet Haney
(Address) Moore, Idaho

15. Filed Feb 19 1912 D. W. Matthaei M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended ~~deceased from~~ did not -and never ~~191~~, ~~to~~ ~~191~~ that I last saw him alive ~~on~~ ~~191~~, and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:
Pneumonia
from history as given by Mrs. Harriet Haney and Mrs. Elizabeth Ravenor, daughter and Mr. J. P. Haney - Son in law.
(Duration) yrs. mos. 1 ds.
Contributory (Secondary) Senility
(Duration) yrs. mos. ds.
(Signed) D. W. Matthaei M. D.
Feb 19 1912 (Address) Dr. Co, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moore, Ida. — DATE OF BURIAL: Feb 20 1912
20. UNDERTAKER: acting Thomas Ravenor — ADDRESS: Moore, Ida.

IN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD.
be carefully supplied. AGE should be stated EXACTLY. PHYSI-
CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
ment of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1464
Registered No. 12

1. PLACE OF DEATH.
Registration District No. 21
Primary Registration District No. 7022
County of Blaine
City of Bellevue (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Clara Gale Dawson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Nov. (Month) 27 (Day) 1891 (Year)

7. AGE: 20 yrs. 2 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: V. J Clark

11. BIRTHPLACE OF FATHER (State or Country): Clintonville Ohio

12. MAIDEN NAME OF MOTHER: Ida Ralls

13. BIRTHPLACE OF MOTHER (State or Country): Pricklesville, Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elvira Wallace
(Address) Bellevue

15. Filed Mar 1 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 1 1912, to Feby 18 1912, that I last saw h.r alive on Feby 18 1912, and that death occurred on the date stated above, at 9.20 P M.

The CAUSE OF DEATH* was as follows:
Thrombosis following a confinement of central Placenta Praevia
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O J. Allen M. D.
Feb 22 19 12 (Address) Bellevue

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue Ida
DATE OF BURIAL: Feb 22 1912

20. UNDERTAKER: R. D. Harris
ADDRESS: Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2022
File No. 1465
Registered No. 13

1. PLACE OF DEATH.
County of Ada
City of near Picabo
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Russell Allman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ~ ~ 1 (Month) (Day) (Year)

7. AGE: 24 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Marshall N. Ca.

10. NAME OF FATHER: Lewis Allman

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Tipton
(Address) Picabo Ida

15. Filed Feb 28 1912 Robert Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: ~ 25 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~ 191.., to ~ 191..
that I last saw h.. ~ alive on ~ 191..,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Gun shot from Deputy Sheriff-Boldue Co- Instant Death

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert H. Wright M. D.
Feb 25 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF BURIAL~~ OR REMOVAL: Marshall N. Ca. | DATE OF BURIAL ..... 191..

20. UNDERTAKER: R. D. Harris | ADDRESS: Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1467
Registered No. 4

1. PLACE OF DEATH. Registration District No. 22
County of Lewis Primary Registration District No. 2127
City of Nezperce (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Pauline E Miller
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr. (Month) 29 (Day) 1874 (Year)

7. AGE: 38 yrs. 9 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: John Lee Glasscock

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary McCaffrey

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice E Mahoney
(Address) Spokane Wash

15.
Filed 2-22- 1917 Elliott P. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 3 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on Feb 1 191[illegible]
and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Suicide by gunshot wound in forehead

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Melancholy following operation some up previous year
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. A. Jeffreys M. D.
Feb 20 19[illegible] (Address) Nezperce

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce — DATE OF BURIAL: Feb 5 191[illegible]

20. UNDERTAKER: P E Miller — ADDRESS: Nezperce

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1468
Registered No. 5

1. PLACE OF DEATH.
County of Lewis
City of 2½ Miles NW of Kamiah
Registration District No. 32
Primary Registration District No. 2128
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah Elizabeth Boughton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 21 (Day) 1847 (Year)

7. AGE: 65 yrs. 22 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Connecticut

10. NAME OF FATHER: Robert Bond.

11. BIRTHPLACE OF FATHER (State or Country): London England

12. MAIDEN NAME OF MOTHER: Fisk

13. BIRTHPLACE OF MOTHER (State or Country): Rhode Island

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert N. Boughton
(Address) Kamiah Idaho

15.
Filed 2-22 1912 Elton R. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 18. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH* was as follows:
Neuralgia of Heart
No Doctor was able to give her
any relief Dr Taylor her
Symptoms (Duration) about 6 Hours
yrs. mos. ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert N. Boughton M.D.
2/21/1912 (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Nezperce Ida
DATE OF BURIAL: 2/21/1912

20. UNDERTAKER: F. E. Miller
ADDRESS: Nez Perce

Elton R. Rogers

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 1010
File No. 1463
Registered No. 4

1. PLACE OF DEATH.
County of Washington
City of Weiser
(No. 814, East Park St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Noah Washington Harris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Oct (Month) 28 (Day) 1832 (Year)

7. AGE: 79 yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Missouri

10. NAME OF FATHER: Edward B. Harris

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Francis Palmer

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos. J. Harris
(Address) Weiser, Ida.

15. Filed Feb 4th 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 20th, 1912, to Feb 4th 1912, that I last saw h— alive on Feb 3-12 1912 and that death occurred on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:
Hypostatic pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
Feb 4th 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harris Cemetery, Monroe Creek
DATE OF BURIAL: Feb 5 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 2040 2112, (No. 6 miles west of city St.)

File No. 1470
Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Roscoe C. Hughes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 8 (Day) 1883 (Year)

7. AGE: 26 yrs. 11 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Union Co. Oregon

10. NAME OF FATHER: R. J. Hughes

11. BIRTHPLACE OF FATHER (State or Country): State Kentucky

12. MAIDEN NAME OF MOTHER: Mary E. Stanley

13. BIRTHPLACE OF MOTHER (State or Country): State Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Hughes
(Address) Weiser Ida.

15. Filed February 9 1912 W R Haworth Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw h— alive on ——— 191...
and that death occurred on the date stated above, at about 4:30 p. M.

The CAUSE OF DEATH* was as follows: Gun Shot Wound; Suicidal

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Bowen, County Coroner
Feb 9 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Idaho
DATE OF BURIAL: Feb 10 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 1010
File No. 1471
Registered No. 6

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eliza J. McGee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W'h't
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): ~~single~~
6. DATE OF BIRTH: Feb (Month) 1st (Day) 1884 (Year)
7. AGE: 28 yrs. — mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): London Ky.
10. NAME OF FATHER: Isaac McGee
11. BIRTHPLACE OF FATHER (State or Country): London Ky
12. MAIDEN NAME OF MOTHER: Vina Jones
13. BIRTHPLACE OF MOTHER (State or Country): London Ky
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W. H. Bell
(Address) Weiser Ida
15. Filed Feb 13th 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 12 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1911, to Feb 12 1912
that I last saw her alive on Feb 12 1912
and that death occurred on the date stated above, at 2.30 P.M.
The CAUSE OF DEATH* was as follows: Exhaustion
following Tubercular Vertebrae
(Duration) 4 yrs. — mos. — ds.
Contributory (Secondary) none
(Duration) 4 yrs. mos. ds.
(Signed) James A Young M. D.
Feb 13 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida — DATE OF BURIAL: Feb 13 1912
20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1472
Registered No. 7

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 1010
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Elizabeth Rodford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 12 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Weiser Ida

10. NAME OF FATHER: F. W. Rodford

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Emma Rodford

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Fred Emmett
(Address): .....

15. Filed Feb 19th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1912, to Feb 18 1912, that I last saw her alive on Feb 18 1912 and that death occurred on the date stated above, at 10a M.

The CAUSE OF DEATH* was as follows:
Patent Foramen Ovale.

..... (Duration) — yrs. — mos. 6 ds.

Contributory (Secondary) — (Duration) — yrs. — mos. — ds.

(Signed) C. C. Garrett M. D.
Feb 19 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida
DATE OF BURIAL: 2/19 1912

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 12010
(No. ..... Weiser Flat St.)

File No. 1473
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Brittain

If death occurred in a hospital institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 23 (Day) 1883 (Year)

7. AGE: 28 yrs. 4 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Missouri

10. NAME OF FATHER: Harvey Brittain

11. BIRTHPLACE OF FATHER (State or Country): State of Iowa or Ills

12. MAIDEN NAME OF MOTHER: — Stanturf

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Adamson
(Address) Midvale, Idaho

15.
Filed Feb 26 1912
W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 15th 1912, to Feb 24th 1912 that I last saw h— alive on Feb 24th 1912 and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever.

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
Feb 26th 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Midvale Idaho — DATE OF BURIAL: Feb 27 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1474
Registered No. 9

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 2113
City of Emerald (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Bonnie Widner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH ..... (Month) ..... (Day) 1902 (Year)

7. AGE 10 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.... No occupation
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Noah Widner

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Minnie Michael

13. BIRTHPLACE OF MOTHER (State or Country) ~~Miss~~ Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Widner
(Address) Emerald Idaho

15. Filed Feb 29 1912 F. A. Schmidt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 2 (Month) — 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from did not attend 191 , to 191
that I last saw h..... alive on 191
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Scarlet Fever
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F. A. Schmidt M. D.
Feb 29 1912 (Address) Emerald

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~ Emerald — DATE OF BURIAL Feb 26 1912

20. UNDERTAKER [redacted] Kerr — ADDRESS Emerald

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1475
Registered No. 78

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 2442 2112
(No. 15 miles nrth. of Weiser St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Elizabeth Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May — [illegible] — 1845 (Month) (Day) (Year)

7. AGE: 66 yrs. 9 mos. — ds. IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Tennessee

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Mrs Higginbottom
(Address) Weiser Ida

15. Filed Feb 27th 1912 W. R. Stinnett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb — 26 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1912, to Feb 25 1912
that I last saw h is alive on Feb 20 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis & general debility & Hepatitis

..... (Duration) 10 yrs. ..... mos. ..... ds.
Contributory (Secondary) ~~from Influenza~~ Hepatitis
..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) F. A. Schmidt M. D.
Feb 27 1912 (Address) Midvale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos. 3.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Rest near Weiser	Feb 27 1912
20. UNDERTAKER R. W. Bowen	ADDRESS Weiser Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Burial permit granted & then certificate sent to Dr Feb. Schmidt for completion. W. R. Stinnett

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1476
Registered No. 11

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2114
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John E. Darnall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH June 17 (Month) (Day) 1845 (Year)

7. AGE 63 yrs. 9 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Rancher
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mississippi

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Burt Darnall
(Address) Cambridge Ida

15. Filed Feb 28 1912 L. E. Elliott Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1911, to Feb 26 1912
that I last saw him alive on Feb 26 1912
and that death occurred on the date stated above, at 2 A M.

The CAUSE OF DEATH* was as follows:
Nephritis and Coma Uremia

..... (Duration) ..... yrs. 10 mos. 8 ds.
Contributory (Secondary) Cirrosis of Spotted Fever
..... (Duration) ..... yrs. 10 mos. 4 ds.

(Signed) C. E. Schmitz M. D.
Feb 27 1912 (Address) Cambridge Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Cambridge Ida — DATE OF BURIAL Feb 28 1912

20. UNDERTAKER J. A. Hudleson — ADDRESS Cambridge Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 147
Registered No.

1. PLACE OF DEATH.
County of Bruda
City of Malad
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

2. FULL NAME Virgil Goodsell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal.
4. COLOR OR RACE: Whit
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Feb 14 1912 (Month) (Day) (Year)

7. AGE: yrs. 6 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Malad, Idaho

10. NAME OF FATHER: Clarence Goodsell

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Cora Adams

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John J Evans
(Address): Malad City Ida.

15. Filed Feb 15 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 14 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1912, to Feb 14 1912, that I last saw h— alive on Feb 14 1912, and that death occurred on the date stated above, at 10 p M.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) yrs. mos. 3 ds.

Contributory (Secondary) Enteritis Fever

(Duration) yrs. 1 mos. — ds.

(Signed) W J Wright M. D.

Feb 15 1912 (Address) Malad

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: Feb 16 1912

20. UNDERTAKER: Sawyer & Evans — ADDRESS: Malad

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 18
Primary Registration District No. 2069
File No. 1479
Registered No. 17

1. PLACE OF DEATH.
County of Oneida
City of Malad (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Phoeba Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 2nd (Day) 1841 (Year)

7. AGE: 70 yrs. 9 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wales

10. NAME OF FATHER: John Davis

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Marguerite

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Davis
(Address) Malad Idaho

15.
Filed 2/27 1912 D. Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 26 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1912, to Feb 26 1912 that I last saw her alive on Feb 1 1912, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Senile Decay
Anemia
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Ulceration of Stomach
..... (Duration) 8 yrs. ..... mos. ..... ds.

(Signed) H. J. Wright M. D.
Feb 27 1912 (Address) Malad

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St John Idaho
DATE OF BURIAL: Feb 28 1912

20. UNDERTAKER: D. M. Benedict
ADDRESS: Malad

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1480
Registered No. 16

1. PLACE OF DEATH.
County of Oneida
City of Franklin
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martin Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June 23 (Month) (Day) 1863 (Year)

7. AGE: 48 yrs. 8 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Stockholm Sweden

10. NAME OF FATHER: Frederick Abramson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Hannah (Don't Know)

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Martin Anderson
(Address) Franklin Idaho

15. Filed 3/6 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 18th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1912, to Feb 16th 1912, that I last saw him alive on Feb 16 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

..... (Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) ✓
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Alderman M. D.
Feb 20 1912 (Address) Richmond Utah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Franklin Ida
DATE OF BURIAL: Febr 20 1912

20. UNDERTAKER: Geo Mathe
ADDRESS: Franklin Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1481

Registered No.

1. PLACE OF DEATH.
County of Lincoln
City of 8 mi from Hazelton
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2016
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Helen Barbara Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Girl	White	Single

6. DATE OF BIRTH Nov 16 1909
(Month) (Day) (Year)

7. AGE 2 yrs. 2 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Salt Lake City Utah

10. NAME OF FATHER Frederick B. Jones

11. BIRTHPLACE OF FATHER (State or Country) Wabash Co Ind

12. MAIDEN NAME OF MOTHER Almeda Cox

13. BIRTHPLACE OF MOTHER (State or Country) Glenns Springs Colo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno G Lenz
(Address) Hazelton Idaho

15.
Filed Feb 11 1912 C. F. Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feby 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 30 1912, to Feby 8 1912
that I last saw her alive on Feby 7 1912
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Cerebro-Spinal Meningitis

..... (Duration) ..... yrs. ..... mos. 13 ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno G Lenz M. D.
Feby 9 1912 (Address) Hazelton, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Milner Idaho
DATE OF BURIAL Feby 9 1912

20. UNDERTAKER C J Crosby #81
ADDRESS Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1482
Registered No.

1. PLACE OF DEATH.
County of Lincoln
City of Kendall

Registration District No. 5th
Primary Registration District No. 2018
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Francis Parr

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 1 (Month) 30 (Day) 1912 (Year)

7. AGE: ~~yrs.~~ ~~mos.~~ 6 ds.
IF LESS than 1 day how many ~~hrs. or~~ ~~min?~~

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kendall Ida

10. NAME OF FATHER: Earl Parr

11. BIRTHPLACE OF FATHER (State or Country): Ind

12. MAIDEN NAME OF MOTHER: Minnie Dupre

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H E Lamb
(Address) Kendall

15.
Filed Feb 10 1912 H E Lamb
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 2 (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1912, to Feb 6 1912
that I last saw h er alive on Feb 6 1912
and that death occurred on the date stated above, at 9 M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis Abscess of Eustachian
Larynx

(Duration) — yrs. — mos. 3 ds.
Contributory (Secondary) Congestion of Lungs
(Duration) — yrs. — mos. 2 ds.

(Signed) H E Lamb M. D.
Feb 10 1912 (Address) Kendall

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kendall Idaho
DATE OF BURIAL: Feb 7 1912

20. UNDERTAKER: B Dyer
ADDRESS: Kendall, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1183

Registered No.

1. PLACE OF DEATH.
County of Lincoln
City of Hagerman
(No. ..... St.)

Registration District No. 5
Primary Registration District No. D-2013

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dorothy Clara Bryant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July 13 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. 8 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hagerman

10. NAME OF FATHER: Henry Bryant

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Rose Worthington

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Henry Bryant
(Address): Hagerman

15. Filed Feb 6 1912 W. H. Marshall Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1912 to Jan 3rd 1912 that I last saw her alive on Jan 3rd 1912 and that death occurred on the date stated above, at 6.15 P. M.

The CAUSE OF DEATH* was as follows:
Fetal auricular opening ductus never closed
(Duration) ..... yrs. 8 mos. ..... ds.
Contributory (Secondary) Bronchitis
(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) W. H. Marshall M. D.
1912 (Address) Hagerman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman — DATE OF BURIAL: Jan 4 1912

20. UNDERTAKER: None — ADDRESS: —

Delayed by parents burying child & leaving note. Knowing Rec'd. returns

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Ies
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ..... St.)

File No. 1484
Registered No. 10

2. FULL NAME Eliza Wright Hardesty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: February 15 (Month) 1 (Day) 1856 (Year)

7. AGE: 55 yrs. 11 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Thomas H Linville

11. BIRTHPLACE OF FATHER (State or Country): Mousria

12. MAIDEN NAME OF MOTHER: Eliza Allison

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William E Hardisty
(Address) Grangeville

15.
Filed Feb 10 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1911, to Feb 7 1912, that I last saw her alive on Feb 7 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(Duration) about 2 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
Feb 8 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs ..... mos ..... ds State ..... yrs ..... mos ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: Feb 9 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Winona (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2042

File No. 1485
Registered No. 11
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hans Heinrich Nisson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec. 27 1856 (Month) (Day) (Year)

7. AGE: 55 yrs. 1 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Claus Heinrich Nisson

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Bellmann

13. BIRTHPLACE OF MOTHER (State or Country): Lindamis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C S Bussey
(Address) Cottonwood Idaho

15. Filed Feb 12 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 4th 1912, to Feby 7th 1912 that I last saw him alive on Feb 4th 1912, and that death occurred on the date stated above, at 8 30 A. M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) — yrs. — mos. 11 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C S Bussey M. D.
Feb 10 1912 (Address) Cottonwood

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery, Winona — DATE OF BURIAL: Feby 9th 1912

20. UNDERTAKER: None — ADDRESS —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1486
Registered No. 12

1. PLACE OF DEATH. Registration District No. 10
County of Idaho Primary Registration District No. 1001
City of Grangeville (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Mary Gibson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): widow
6. DATE OF BIRTH: Sept (Month) 15 (Day) 1858 (Year)
7. AGE: 53 yrs. 5 mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Oregon
10. NAME OF FATHER: Thomas Jordan
11. BIRTHPLACE OF FATHER (State or Country): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (State or Country): unknown
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E Bickford
(Address) Grangeville Id
15. Filed Feb 13 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Feb 13 1912
that I last saw her alive on Feb 7 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial nephritis
.....
.....
(Duration) about 4 yrs. ..... mos. ..... ds.
Contributory (Secondary) Valvular disease of heart
(Duration) don't Know yrs. ..... mos. ..... ds.
(Signed) G. S Stockton M. D.
Feb 13 1912 (Address) Grangeville Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Dalles Oregon
DATE OF BURIAL ..... 191...
20. UNDERTAKER: Joseph McCloskey
ADDRESS: Cottonwood

#71

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 10
Primary Registration District No. 1001

File No. E 1487
Registered No. 73

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant of Jos B Thompson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb 10th 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Grangeville Idaho

10. NAME OF FATHER: Joseph G Thompson

11. BIRTHPLACE OF FATHER (State or Country): Trenton N.J.

12. MAIDEN NAME OF MOTHER: Grace Oliver

13. BIRTHPLACE OF MOTHER (State or Country): Lenland Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. N. Oliver
(Address) Grangeville Ida

15. Filed Feb 14 1912 G. B. Silvertson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 13 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 10 1912, to February 13 1912, that I last saw him alive on Feb 13 1912, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Shock and loss of blood following inguinal colotomy

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) Grace F. Rains M. D.
Feb 14 1912 (Address) Grangeville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pointe View
DATE OF BURIAL: Feb 14 1912

20. UNDERTAKER: W E Graham
ADDRESS: Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1488

Registered No. 14

1. PLACE OF DEATH.
County of Idaho
City of Whitebird

Registration District No. 10
Primary Registration District No. 2041
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lewis S Morton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Don't Know~~

6. DATE OF BIRTH: Not Known (Month) (Day) 1834 (Year)

7. AGE: 78 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER — Don't Known

11. BIRTHPLACE OF FATHER (State or Country) — Don't Known

12. MAIDEN NAME OF MOTHER — Don't Known

13. BIRTHPLACE OF MOTHER (State or Country) — Don't Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W A Foskett
(Address) Whitebird Idaho

15. Filed Mch 3 1912 — G S Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 22 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1912, to Feb 22 1912, that I last saw h[illegible] alive on Feb 22 1912 and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) Prolonged ~~spree~~ drunk

..... (Duration) ..... yrs. / mos. ..... ds.

(Signed) W A Foskett M. D.

Mar 1 1912 (Address) Whitebird

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Whitebird — DATE OF BURIAL: Feb 24 1912

20. UNDERTAKER: Mr Hancock — ADDRESS: Whitebird

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2042
County of Idaho Primary Registration District No. 10
City of 1 mi W of Kentonville Idaho (No. ....., ... St.)
File No. E 1480
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Johann Schneebauer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Caucasian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Known ..... 1 ..... (Month) (Day) (Year)

7. AGE: 19 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer at anything
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Johann Schneebauer

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Krieger
(Address) Kentonville

15.
Filed Feby 2nd 1912 G S Stockton Local Registrar
per W B Blake Sub Regr

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at 1-50 M.

The CAUSE OF DEATH* was as follows:
Accidental Fracture of Skull from falling timber while lumbering

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W B Blake M. D.
Coroner Idaho County
Feby 2 1912 (Address) Kentonville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cemetery Kentonville
DATE OF BURIAL: Feby 6 1912

20. UNDERTAKER: Joseph McClaskey
ADDRESS: Cottonwood Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of ..... (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10

File No. 1491
Registered No. 17
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME J. E. Schober

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Married (or Widowed)

6. DATE OF BIRTH
March — 1852
(Month) (Day) (Year)

7. AGE
yrs. 59 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work Brewery man
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Austria

10. NAME OF FATHER J. E. Schober

11. BIRTHPLACE OF FATHER (State or Country) Austria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Malerich
(Address) Cottonwood Ida

15.
Filed Feb 18 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb 16 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1912 to Feb 16 1912
that I last saw h— alive on Feb 16 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows: Cirrhosis of the liver (Chronic)
Duration unknown

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell Smith M. D.
Feb 18 1912 (Address) Cottonwood Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~ | DATE OF BURIAL
Catholic Cemetery Cottonwood ..... 191...

20. UNDERTAKER | ADDRESS
Joseph McGlaskey | Cottonwood Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STUB-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2034
City of Bonners Ferry (No. ....., ... St.)
File No. 149
Registered No. 57
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME W. T. Gaultney
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 21 (Day) 1881 (Year)

7. AGE: 30 yrs. 5 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Rail Road man
(b) General nature of industry business, or establishment in which employed (or employer): car Repairer

9. BIRTHPLACE (State or Country): Hedenite N. C.

10. NAME OF FATHER: William Luther Gaultney

11. BIRTHPLACE OF FATHER (State or Country): Ales County N. C.

12. MAIDEN NAME OF MOTHER: Mar Rogers

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. T. Tepker
(Address) Hillyard Wash

15.
Filed Feb. 3rd. 1912. E E Fry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 2nd. 1912
(Month) (Day), (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Fracture of skull due to accidental fall of rock in railway tunnell.
(Duration) — yrs. — mos. 30 min.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E E Fry M. D.
Feb. 3 1912 (Address) Bonners Ferry,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Hillyard Wash
DATE OF BURIAL ..... 191...

20. UNDERTAKER: John T. Moore
ADDRESS: Bonner Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1493
Registered No. 62

1. PLACE OF DEATH.
County of Boundary
City of Bonners Ferry
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2037
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary T. Scofield

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: October (Month) 1st (Day) 1857 (Year)
7. AGE: 54 yrs. 3 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife.
(b) General nature of industry business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Buffalo county Wis
10. NAME OF FATHER: Wilcomb Perry
11. BIRTHPLACE OF FATHER (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Mary T. Perry
13. BIRTHPLACE OF MOTHER (State or Country): Wis
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs May Hess
(Address) Bonners Ferry Idaho
15.
Filed Feb. 8th. 1912. E E Fry Local Registrar
Bonners Ferry Idaho

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 7th. (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 7th. 1912., to 191
that I last saw her alive on Feb. 7th. 1912.;
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:

Cerebral hoemmorhage.

(Duration) — yrs. — mos. 1 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E E Fry M. D.
Feb. 8th 1912. (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry, Ida.
DATE OF BURIAL: Feb. 9th 1912.
20. UNDERTAKER: D. Mace
ADDRESS: Bonners Ferry

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1494
Registered No. 73

1. PLACE OF DEATH.
County of Boundary
City of Bonners Ferry
Registration District No. 8
Primary Registration District No. 2034
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theodore Leslie Cummings

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 19th 1[illegible]
(Month) (Day) (Year)

7. AGE: 63 yrs. 11 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: [illegible]
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York State

10. NAME OF FATHER: Claude Cummings

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Adelina Bayle

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Claude A. Cummings
(Address) Bonners Ferry

15. Filed Feb. 26 1912 E E Fry Local Registrar
W M McKennon

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
February 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1912, to Feb. 22 1912
that I last saw him alive on Feb. 22 1912,
and that death occurred on the date stated above, at 11 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E E Fry M. D.
Feb. 26 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Bonners Ferry Cemetery
DATE OF BURIAL: Feb. 1912

20. UNDERTAKER: John J Nash
ADDRESS: Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 18 1495

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bonner

City of Bonners Ferry

Registration District No. 8

Primary Registration District No. 2024

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Jeanette P Sinclair

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: November (Month) ..... (Day) 1847 (Year)

7. AGE: 65 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Manba, Nova Scotia

10. NAME OF FATHER: Smith

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Jeanette Rachael Smith

13. BIRTHPLACE OF MOTHER (State or Country): Nova Scotia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyman Sinclair

(Address) Bonners Ferry

15.

Filed Feb. 22 1912

E B Fry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) (Sunday) (Day) 20 (Year) 1912

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19 — 1912, to Feb. 19 — 1912 that I last saw her alive on Feb. 19 — 1912, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E B Fry M. D.

Feb 22 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place ..... In the

of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry Idaho

DATE OF BURIAL: Feb 24 1912

20. UNDERTAKER: D. D. Moore

ADDRESS: B Ferry Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

M Mc Cannon

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1496
Registered No. 68

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
(No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME S. C. Craig

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH
..... (Month) ..... (Day) 1845 (Year)

7. AGE
67 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boarderreeper
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Feb 29 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Feb 28 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1912, to Feb 28 1912 that I last saw h[im] alive on Feb 28 1912 and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Acute nephritis
.....
.....
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory Carbuncle
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. McKeever M. D.
..... 19 ..... (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint
DATE OF BURIAL: March 2 1912

20. UNDERTAKER: R. M. Brown
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1497
Registered No.

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 3

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Diana Allard.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 24 (Day) 1858 (Year)

7. AGE: 54 yrs. 3 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany.

10. NAME OF FATHER: Daliff Ahlund

11. BIRTHPLACE OF FATHER (State or Country): Düsseldorf

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Allard.
(Address) Sandpoint

15. Filed Feb 29 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1912, to Feb 29 1912, that I last saw her alive on Feb 28 1912 and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis + Acute Nephritis
following Oophorectomy

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Toxaemia of Pregnancy
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M McKinnon M. D.
Feb 29 1912 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida
DATE OF BURIAL: Feb 29 1912

20. UNDERTAKER: E M Brown
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1498
Registered No. 67

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No....., ... St.)
Registration District No. 8
Primary Registration District No. 2033
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Elizabeth Rose
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 24 (Day) 1875 (Year)

7. AGE: 36 yrs. 3 mos. 1 ds. IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Isaac N. Prater

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Rhoda Wilson

13. BIRTHPLACE OF MOTHER (State or Country): W. Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Prater
(Address) Sandpoint. Ida.

15. Filed Feb 25 1912 Emma Lemon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1912, to Feb. 25 1912 that I last saw her alive on Feb 25 1912 and that death occurred on the date stated above, at 10 a. M.

The CAUSE OF DEATH* was as follows:
Mesenteric tuberculosis

(Duration) about yrs. 8 mos. — ds.
Contributory (Secondary) Pulmonary hemorrhage 10 years ago. Her bowels became apparently normal
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Roscoe N. Jackson M. D.
Feb 26 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Idaho | DATE OF BURIAL: Feb 25 1912

20. UNDERTAKER: E M Parsons | ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1491
Registered No. 63

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No....., ... St.)
Registration District No. 8
Primary Registration District No. 2033
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME E. M. Rainier

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE: 27 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wis

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Brower
(Address) Sandpoint Ida.

15.
Filed Feb. 26 1912 Emma Lucas
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 16 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
P. P. accident.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm Krueger M. D.
2/16 1912 (Address) Hope Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Bayfield Wis
DATE OF BURIAL ..... 191...

20. UNDERTAKER: E. M. Brower
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1500
Registered No.

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint

Registration District No. 8
Primary Registration District No. 2832
(No....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Bennett.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 28 1912 (Month) (Day) (Year)

7. AGE: ....yrs. ....mos. 26 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sandpoint

10. NAME OF FATHER: Geo Bennett

11. BIRTHPLACE OF FATHER (State or Country): Mich

12. MAIDEN NAME OF MOTHER: Lillie Perry

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Bennett
(Address)

15. Filed Feb 26 1912 Emma Kramer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1912, to Feb 18 1912 that I last saw h..... alive on Feb 18 1912 and that death occurred on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:
Exhaustion

..... (Duration) ....yrs. ....mos. 26 ds.
Contributory (Secondary)
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. MacKenzie M. D.
.....19..... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida. DATE OF BURIAL: Feb 25 1912

20. UNDERTAKER: Em Brown ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1501
Registered No. 65

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Leslie W. Krotzer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 23 (Day) 1897 (Year)

7. AGE: 15 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: W. B. Krotzer

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: Emma Brothers

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. B. Krotzer
(Address) Sandpoint Idaho

15.
Filed Feb 26 1912 — Mary Kinnear, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 14 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 10th 1912, to Feby 13th 1912
that I last saw him alive on Feby 13th 1912
and that death occurred on the date stated above, at 1 a M.

The CAUSE OF DEATH* was as follows:
Acute pneumonia
attending an acute
Osteo-myelitis

..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory Osteo myelitis
(Secondary)
..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. B. Patterson M. D.
Feby 14 1912 (Address) Sandpoint Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Idaho
DATE OF BURIAL: Feb. 15 1912

20. UNDERTAKER: E M Bonner
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1502
Registered No. 64

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
(No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Paul Mosier

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): S

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1876 (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: Deceased

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: Caulkins Mosier

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed Feb 26 1912 M M Kinnear
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1912, to Feb 13 1912
that I last saw h[illegible] alive on Feb 13 1912
and that death occurred on the date stated above, at 3:20 A M.

The CAUSE OF DEATH* was as follows:
Meningitis caused by fracture of base of skull

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Fracture of skull

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C A Fogus M. D.
Feb 24 1912 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death City Hospital ..... yrs ..... mos. 3 ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Moncow Idaho
Former or usual residence Unknown

19. PLACE OF BURIAL OR REMOVAL: Madison Wis
DATE OF BURIAL ..... 191...

20. UNDERTAKER: E M Brower
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Bonners (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033

File No. 1503
Registered No. 61
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Seymind Carsner.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 2nd (Day) 1851 (Year)

7. AGE: 61 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Thos. Turnbull

11. BIRTHPLACE OF FATHER (State or Country): Kentucky.

12. MAIDEN NAME OF MOTHER: Mary Deaton

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Turnbull
(Address) Westmond.

15.
Filed Feb 16 1912 Inez Lamson
Local Registrar

MEDICAL CERTIFICATE OF DEATH Moody.

16. DATE OF DEATH: Feb 7th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 — 1912, to Feb 7 1912, that I last saw her alive on Feb 7 1912, and that death occurred on the date stated above, at 4.50 P M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ✓ yrs. ✓ mos. 3 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos S Moody M. D.
2/8 1912 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Westmond. DATE OF BURIAL: 10th Feb 1912

20. UNDERTAKER: E M Prosser ADDRESS: Sandpoint Ida.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1504
Registered No. 52

1. PLACE OF DEATH.
County of Bonner
City of Morton

Registration District No.
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Louise Dawson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) – 4 (Day) – 1883 (Year)

7. AGE: 28 yrs. 10 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): On farm.

9. BIRTHPLACE (State or Country): West Virginia

10. NAME OF FATHER: J. G. Snode

11. BIRTHPLACE OF FATHER (State or Country): Ohio-

12. MAIDEN NAME OF MOTHER: Amanda Palmer

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. A. Dawson
(Address) Morton,

15.
Filed Feb 5 1912 Mina Keenan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 – 1912, to Feb 1 1912, that I last saw her alive on Jan 31 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Tubercular Meningitis

..... (Duration) — yrs. — mos. 17 ds.
Contributory (Secondary) Tuberculosis of Lungs & Mesentery
..... (Duration) 1 yrs. — mos. — ds.

(Signed) Roscoe N. Dawson M. D.
Feb. 3 – 1912 (Address) Sandpoint.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Petersons Spur, Bonner Co. DATE OF BURIAL: Feb 2 1912

20. UNDERTAKER: O. G. Hosler ADDRESS: Morton, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
(No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2033

File No. 1505
Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elnora A. Page

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: March 4 1880 (Month) (Day) (Year)

7. AGE: 31 yrs. 10 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: J. J. Hurst

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Elnora Sullivan

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Hurst
(Address) Sandpoint Ida.

15. Filed Feb. 6 1912 Emma Eaton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February 2 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 1911, to February 2 1912 that I last saw h er alive on February 2 1912 and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of heart
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Addisons Disease
..... (Duration) ~~..... yrs. ..... mos. ..... ds.~~
(Signed) E. P. Blackwood M. D.
1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida
DATE OF BURIAL: 191

20. UNDERTAKER: E M Brower
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1506
Registered No.

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
Registration District No. 8
Primary Registration District No. 2323
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E Holmes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): W

6. DATE OF BIRTH: Sept. 15 1838 (Month) (Day) (Year)

7. AGE: 74 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: John W. Pond

11. BIRTHPLACE OF FATHER (State or Country): U. S.

12. MAIDEN NAME OF MOTHER: N. Raymond

13. BIRTHPLACE OF MOTHER (State or Country): Conn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. N. Holmes
(Address) Hayden Idaho

15.
Filed Mar 5 1912 Mary Kinnear
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 3rd 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1912, to March 3 1912
that I last saw h[illegible] alive on March 3 1912
and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Coma - following Jaundice

..... (Duration) ..... yrs. 8 mos. 2 ds.
Contributory (Secondary) Jaundice -
..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) M. McKinnon M. D.
March 4 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida
DATE OF BURIAL: March 5 1912

20. UNDERTAKER: Empress
ADDRESS: Sandpoint

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1507
Registered No. 71

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. , 910 Cedar St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Evaline Mayme Wood.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 27 (Day) 1860 (Year)

7. AGE: 51 yrs. 7 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: John B. Drum.

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Sarah Piatt

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. T. Boyd
(Address) Sandpoint Idaho

15. Filed Mar 5 1912 Emma Tinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sandpoint - Mar (Month) Mar (Day) 3 (Year) 1912

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw her alive on dead Mar 3. 1912
and that death occurred on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:
Dilated heart, kidneys, as found her cyanotic -

Instantaneous (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Asthma (Duration) 30 yrs. — mos. ... ds.

(Signed) Roscoe V. Jackson M. D.
Mar 5 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint
DATE OF BURIAL: Mar 5 1912

20. UNDERTAKER: E M Brower
ADDRESS: Sandpoint Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1508
Registered No.

1. PLACE OF DEATH.
County of Cassia
City of Burley (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2122

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Brenda Elaine Hawkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	single

6. DATE OF BIRTH: Aug (Month) 3 (Day) 1898 (Year)

7. AGE: 14 yrs. 6 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cassia Co. Ida.

10. NAME OF FATHER: Grayton L. Hawkins

11. BIRTHPLACE OF FATHER (State or Country): Coalville Utah

12. MAIDEN NAME OF MOTHER: Lucile Pierce

13. BIRTHPLACE OF MOTHER (State or Country): Utah Co Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W A Channel
(Address) Burley Ida

15.
Filed Feb 17 1912 L B Blackburn Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
2 - 13 - 1912
Feb (Month) 13 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1909, to Feb 13 1912 that I last saw her alive on Feb 13 1912 and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia - Complicating Potts disease - tuberculosis of hip and Spinal Column.
(Duration) 2 yrs. 5 mos. 13 ds.
Contributory (Secondary) Potts disease
(Duration) Pneumonia 10 hours. yrs. mos. ds.
(Signed) Joseph Frenstad M. D.
2-17 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley, Idaho. DATE OF BURIAL: Feb. 16th 1912

20. UNDERTAKER: E. B. Gallogly ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmora
City of Mountain Home

Registration District No. 20
Primary Registration District No. 2020
(No. ....., ... St.)

File No. 1509
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME David Colville

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1831 (Year)

7. AGE: 81 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: dont know

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: dont know

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Curtis
(Address) Mountain Home

15.
Filed 2—6 191[redacted] W L Fraser Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
2 (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2—3 1912, to 2—5 1912 that I last saw him alive on 2—5 1912, and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Paralysis of bowels

(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Bowel impaction

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Fraser M. D.
2—6 1912 (Address) Mt Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fall River Ida
DATE OF BURIAL: 2—10 1912

20. UNDERTAKER: J M Cowan
ADDRESS: Mtn Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Elmore Primary Registration District No. 2020
City of Mountain Home (No. ....., ... St.)
File No. 1510
Registered No. 7
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Juan Silloniz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Spanish
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: April 26 (Month) 8 (Day) 1911 (Year)

7. AGE: ..... yrs. 9 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Ada County

10. NAME OF FATHER: Pedro Silloniz

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Julia Chacartegi

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nicolas Silloniz
(Address) Mountain Home

15. Filed 2-6 1912 W. L. Freeze Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1912, to Feb 5 1912 that I last saw him alive on Feb 5 1912, and that death occurred on the date stated above, at 12-45 P.M.

The CAUSE OF DEATH* was as follows:
Cervical adenitis (acute)
..... (Duration) 0 yrs. 0 mos. 30 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. J. Hawley M. D.
Feb 5 1912 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Bruneau Valley
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mtn Home — DATE OF BURIAL: 2 6 1912

20. UNDERTAKER: J. M. Cowen — ADDRESS: Mountain Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Elmore Primary Registration District No. 2021
City of Glenn's Ferry (No. ....., ... St.)
File No. 1512
Registered No. 15

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gustaf Larson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~ Married

6. DATE OF BIRTH: April (Month) 2nd (Day) 1875 (Year)

7. AGE: 36 yrs. 10 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Section Foreman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: John Larson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina Larson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gust Johnson
(Address) Kuna, Ada Co. Idaho

15. Filed Feb. 10 1912
W. L. Frazier Registrar
J. W. Doors
Sub. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary

(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Infection
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) No Physician in attendance M. D.
19.. (Address) 2nd Deputy

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted,
If not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Glenn's Ferry — DATE OF BURIAL: Feb. 11 1912

20. UNDERTAKER: J. M. Cowen — ADDRESS: Mt Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

State of Illinois)
ss
County of Cook)

Chistine Skoglund, being first duly sworn, upon oath deposes and states that she was born in Sweden and came to the United States in 1896; that her father's name was John Larson and her mother's name was Christine Larson.

That the following named are her sisters and brother:

Minnie Eastlund, who is now 52 years of age;
Albertine Cullip who is now 54 years of age;
Gustaf Larson, deceased.

That your affiant's mother died in May 1890 and her father died January 3d 1920.

That your affiant resides at 10208 State Street, Chicago, Illinois.

That her brother, Gustaf Larson, came to the United States from Sweden, where he was born, when he was 17 years of age; that at the age of 23 he was married to Anna Enkvist in the City of Chicago, Illinois, on the 24th day of February 1899, and as a result of said marriage there were born the following children:

Mildred Larson, August 4th 1899;
Violet Larson, April 19th 1901.

that both of said children were born at Chicago, Illinois.

Your affiant further states that the said Anna Enkvist Larson died as the result of an appendicitis operation on the 7th day of September 1903, while a resident of Chicago, Illinois.

That thereafter and on or about the 25th day of June 1904, the said Gustaf Larson was married to one Elise Shield at the City of Chicago, Illinois; that the said Gustaf Larson lived and resided with his said wife and two children in the City of Chicago for two years and then moved to the City of Minneapolis, Hennepin County, Minnesota, where one son, Vance Larson, was born, as the result of His second marriage, on the 4th day of October 1909.

That because of the fact that your affiant's brother was in ill health and suffering from tuberculosis, he moved his said family to Hammett, Idaho, on the 9th day of March 1911, where he resided with them until the 10 day of February 1912, the date of his death.

Your affiant states that she makes this affidavit for the purpose of showing that her brother, Gustaf Larson, wasmarried to Elise Shield Larson, at the time of his death, and left surviving him his said wife and three children.

Chistine Skoglund

Subscribed and sworn to before
me this 1st day of May 1934.

R. S. Skoglund.
Notary Public

Cook County, State of Illinois.
My commission expires My Commission Expires May 5th, 1937

State of Illinois)
ss
County of Cook)

Minnie Eastlund, being first duly sworn, upon oath deposes and states that she was born in Sweden on May 26th 1881; that her mother's name was Christine Larson and her father's name was John Larson and as a result of their marriage there were born the following children:

Chistine Larson who is now 57 years of age;
Minnie Eastlund, who is now 58 years of age;
Albertine Larson who is now 54 years of age;
Gustaf Larson, deceased.

that your affiant's mother, Christine Larson, died in May 1890; that in the year 1896 your affiant and her sister Chistine Larson came to the United States and your affiant was married on the 24th day of February 1906, at Chicago, Illinois, and she has lived and resided in the City of Chicago ever since, her present address being 11036 South Normal Avenue, Chicago, Illinois.

That your affiant's sister, Chistine Larson, is married her name now being Chistine Skoglund, and she resides at 10308 State Street, Chicago, Illinois.

That your affiant's sister, Albertine Larson, is married her name now being Albertine Cullip and she resides at 70 East Cedar Street, Chicago, Illinois.

Your affiant further states that her brother, Gustaf Larson, came to the United States from Sweden, where he was born, when he was seventeen years of age; that at the age 23 years he was married to one Anna Enkvist in the City of Chicago, State of Illinois, on the 24th day of February 1899, and as the result of such marriage, there were born two children, namely, Mildred Larson, on the 4th day of August 1899, and Violet Larson, on the 19th day of April, 1901, in the City of Chicago, State of Illinois; that on the 7th day of September 1903, the said Anna Enkvist Larson died as the result of an appendectomy, at which time they were all residents of Chicago, Illinois.

Your affiant further states that on the 24th day of June 1904, at Chicago, Illinois, the said Gustaf Larson was married to one Elise Shield, and they lived together as husband and wife in Chicago, Illinois, for a period of about two years, when Mr. Larson and his wife and children removed to the City of Minneapolis; that on the 4th day of October 1909, at the City of Minneapolis, Hennepin County, Minnesota, a son was born to Gustaf Larson and Elise Shield Larson, which is the only issue of Gustaf Larson's second marriage.

That on the 9th day of March 1911, because of the ill health of Gustaf Larson, he moved his wife and children to Hammett, Idaho, where he lived until the date of this death on the 10 day of February 1912.

Your affiant further states that she makes this affidavit for the purpose of showing that her brother, Gustaf Larson, was married at the time of his death and was the father of three children as hereinbefore set forth; that he was afflicted with tuberculosis from which he died at Hammett, Idaho, and was buried at Glenn's Ferry, Idaho.

Your affiant further states that she has been informed that Gus Johnson, of King Hill, Idaho, at the time of her brother's death was the informant with reference to the information contained on the death certificate of Gustaf Larson, and that Gus Johnson is a cousin.

Minnie Eastlund

Subscribed and sworn to before me this 1st day of May 1934

R. S. Skoglund
Notary Public
Cook County, State of Illinois.

My commission expires My Commission Expires May 5th, 1937.

FORM 44

State of Illinois } s.s.
COOK COUNTY.

Marriage License

To any Person Legally Authorized to Solemnize Marriage.

GREETING:

Marriage may be Celebrated, in the County of Cook and State of Illinois,

between Mr. Gustaf Larson of Chicago, in the County of Cook and State of Illinois, of the age of 27 years, and Miss Elise Shield of Chicago, in the County of Cook and State of Illinois, of the age of 30 years.

Witness, ~~Robert M. Sweitzer,~~ Peter B. Olsen County Clerk of the County of Cook and the Seal thereof,

at my office in Chicago, this 25 day of June, A. D. 1904

Peter B. Olsen County Clerk.

The Person who Solemnizes Marriage is cautioned against making any changes in this License.

STATE OF ILLINOIS, } ss.
COUNTY OF COOK. }

I, Joseph Arns (NAME OF PERSON OFFICIATING) a Justice of the Peace (OFFICIAL TITLE)

hereby certify that Mr. Gustaf Larson and Miss. Elise Shield were united in Marriage by me at Chicago in the County of Cook and State of Illinois, on the 25 day of June, 1904

Joseph Arns (SIGNATURE AND OFFICIAL TITLE)

(The Names in this certificate must be identical with Names in above License)

Address

N. B.—This License, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

RECEIVED [illegible] 193[illegible]

FORM 44

Certified Copy of Marriage License. Form 35

STATE OF ILLINOIS, }
County of Cook. } ss.

I, ROBERT M. SWEITZER, County Clerk of the County of Cook in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the original Marriage License issued to Mr. Gustaf Larson
and Miss Elise Shield
together with return of Marriage thereon.

all of which appears from the records and files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said County of Cook, at my office in the City of Chicago in said County, this 29th day of March A. D. 1934.

Robert M. Sweitzer
County Clerk.

83 10M 5-33

on the 25 day of June, 1934

Joseph Arns
(SIGNATURE AND OFFICIAL TITLE)

(The Names in this certificate must be identical with Names in above License)

Address

N. B.—This License, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

Marriage.

e of Illinois,

unty of Cook and

and the Seal thereof,

A. D. 1934

County Clerk.

nse.

the Peace

AL TITLE)

nd State of Illinois,

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 1007
(No. Idaho Insane Asylum St.)

File No. 1513
Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Rothwell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Dec. 15 1873
(Month) (Day) (Year)

7. AGE: 89 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Weaver
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A. Poole, M.D.
(Address) Blackfoot, Idaho

15. Filed Feb 6 1912 — M. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby 5 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 15 1911, to Feby 5 1912
that I last saw h.im alive on Feby 5 1912
and that death occurred on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) 3 yrs. ..... mos. ..... ds.
(Signed) Francis A. Poole M. D.
Feb. 6 1912 (Address) Blackfoot, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 7 yrs. 10 mos. ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, —
If not at place of death?
Former or usual residence Basalt, Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asylum Cemetery
DATE OF BURIAL: Feb. 6 1912

20. UNDERTAKER: F. A. Poole. Med. Supt.
ADDRESS: Blackfoot Id.

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1514
Registered No. 8

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. R F D 4 St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Pauline Lickert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Oct (Month) 27 (Day) 1859 (Year)

7. AGE: 52 yrs. 3 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Mr. Steinstal

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Lickert
(Address) Blackfoot RFD 4

15. Filed Feb 10 1912 M E Patrick

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1912, to Feb 9 1912 that I last saw her alive on Feb 8 1912 and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

..... (Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) —

..... (Duration) — yrs. — mos. 3 ds.

(Signed) F. W. Mitchell M. D.
Feb. 10 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Blackfoot
DATE OF BURIAL: Feb 12 1911

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot

[redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated in PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1515
Registered No. 9

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier (No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hazel Leavitt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Apr (Month) 6 (Day) 1887 (Year)

7. AGE: 24 yrs. 10 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: E Nelson

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Annie Peterson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. R. Leavitt
(Address) Blackfoot R 7 D. No 4

15. Filed Feb 19 1912 W. E. Patric Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-15 1909, to 2-18 1912 that I last saw her alive on about 12-23-1911 and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:
Endocarditis - Mitral
Tricuspid Insufficiency
Result from dilatation
(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Rheumatism
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Cutler M. D.
2-19-1912 (Address) Shelley, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier Idaho Cem. DATE OF BURIAL: Feb 20 1912

20. UNDERTAKER: Mrs. Semina J. Leavitt ADDRESS: Blackfoot R 7 D No 4

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1516
Registered No. 10

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. 820, Elm Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Mortensen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Feb (Month) 19 (Day) 1912 (Year)
7. AGE: ....yrs....mos....ds. IF LESS than 1 day how many....hrs. or 40 min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Blackfoot Idaho
10. NAME OF FATHER: James Mortensen
11. BIRTHPLACE OF FATHER (State or Country): Idaho
12. MAIDEN NAME OF MOTHER: Emma Evans
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas Mortensen
(Address) Blackfoot
15. Filed Feb 19 1912 W. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 19 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Immediately 1912
~~that I last saw h~~ alive on Feb 19 1912
and that death occurred on the date stated above, at 2:30 P.M.
The CAUSE OF DEATH* was as follows:
Premature delivery
at 7 months
(Duration) ....yrs....mos....ds.
Contributory (Secondary)
(Duration) ....yrs....mos....ds.
(Signed) W. E. Patrick M. D.
Feb 19 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Blackfoot — DATE OF BURIAL: Feb 20 1912

20. UNDERTAKER: J. P. Evans — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1517
Registered No. 11

1. PLACE OF DEATH.
County of Bingham
City of Ranch 1 mile west McDonaldville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 43
Primary Registration District No. 2053
(No. ....., ... St.)

2. FULL NAME Mary A. McKenna

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Feb (Month) 21 (Day) 1858 (Year)

7. AGE: 54 yrs. ..... mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cleveland, Ohio

10. NAME OF FATHER: Patrick Gormley

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Irene McKenna
(Address) Blackfoot, Idaho

15. Filed Mch 4 1912 — M. E. Parkes, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from no medical attention during sickness 191.. that I last saw her alive on about Jan 12 1912 and that death occurred on the date stated above, at 10.30 a M.

The CAUSE OF DEATH* was as follows:
Patient has suffered for several weeks with La Grippe and its sequellae.
..... (Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Valvula disease of Heart Mitral Stenosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. A. Loveridge M. D.
2/28 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fort City Cem Blackfoot — DATE OF BURIAL: Mch 5 1912

20. UNDERTAKER: E J Peck — ADDRESS: Blackfoot

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AFFIDAVIT OF IDENTITY FOR CORRECTION OF CERTIFICATE OF DEATH.

State of Idaho,)
: ss.
County of Bingham.)

Florence Moody, of the age of forty-three years, now and for many years past a resident of Bingham County, Idaho, being first duly sworn deposes and says:

That she is a daughter of Mary A. McKenna, who died in Bingham County, Idaho, on February 27, 1912, and affiant states that by inadvertence or mistake the certificate of death gives the full name of the deceased as Sarah E. McKenna, and that in this respect the said certificate is erroneous, and the true name of the deceased is Mary A. McKenna.

That affiant makes this affidavit to secure the correction of the certificate of death issuing by the Department of Public Welfare, Division of Public Health, Bureau of Vital Statistics of the State of Idaho and the certificate filed March 4, 1912, by W. E. Patrie, Registrar, and affiant states of her own knowledge that the said certificate of death issued for the said Mary A. McKenna, and that the purported deceased, Sarah E. McKenna is the same person whose true name was Mary A. McKenna.

Florence Moody

Subscribed and sworn to before me this 5th day of October, 1937.

John W Jones

Notary Public for the State of Idaho,
Residing at Blackfoot, Idaho.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1519

Registered No. 9

1. PLACE OF DEATH. Registration District No. ~~17~~ 7

County of Bonneville Primary Registration District No. ~~17~~ 2029

City of Ucon — (No. —, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hearn Levan White

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 17 (Day) 1902 (Year)

7. AGE: 9 yrs. 6 mos. 14 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: X
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Nephi White

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Queen Esther Lunt

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. W. A. Parrett
(Address) Ucon Idaho

15. Filed Feb 3 1912 J. E. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov — 1911, to Jan — 1912 that I last saw her alive on Jan 21 1911, and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation of the Heart

(Duration) 1 yrs. 8 mos. X ds.

Contributory (Secondary) Nephritis and Pulmonal Congestion.

(Duration) yrs. 2 mos. 4 ds.

(Signed) W. A. Parrett M. D.

Feb 1 1912 (Address) Ucon Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Ucon Idaho — DATE OF BURIAL: Feb 3 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1520
Registered No. 10

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kindall Snare

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Dec (Month) 23 (Day) 1912 (Year)

7. AGE: 6 Weeks yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): None

9. BIRTHPLACE (State or Country): Idaho Falls Idaho

10. NAME OF FATHER: Oscar E Snare

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake City Ut

12. MAIDEN NAME OF MOTHER: Eliz. Pate

13. BIRTHPLACE OF MOTHER (State or Country): Union Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar E Snare
(Address) Idaho Falls

15.
Filed Feb 6 1912 W. Hammond
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1912, to Feb 3 1912, that I last saw h... alive on Feb 3 1912, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Whooping Cough

12 (Duration) — yrs. — mos. 12 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas le Williams M. D.
Feb. 3 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Feb 4 1912

20. UNDERTAKER: G W Hunt
ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1521

Registered No. 11

1. PLACE OF DEATH.

County of Bonneville

City of Idaho Falls.

Registration District No. 1

Primary Registration District No. 2027

(No. ....., McLachlan St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cecelia J. McLachlan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 20 (Month) 1911 (Day) (Year)

7. AGE: yrs. 2 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho Falls.

10. NAME OF FATHER Chas McLachlan.

11. BIRTHPLACE OF FATHER (State or Country) Scotland.

12. MAIDEN NAME OF MOTHER Mattie J. Messinger

13. BIRTHPLACE OF MOTHER (State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. G. McLachlan
(Address) Idaho Falls Idaho

15. Filed Feb 17 1912 L. Hunsaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb 16 (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1912, to Feb 16 1912 that I last saw her alive on Feb 15 1912, and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Interocolitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. B. Fuller M. D.

Feb 16 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls. DATE OF BURIAL: Feb. 17 1912

20. UNDERTAKER: Jefferd & Hayes. ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1522
Registered No. 12

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Barbara Cressingham

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow
6. DATE OF BIRTH: About (Month) 72 (Day) 1 (Year)
7. AGE: 72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer): The Landlord is Catholic & Lots of relatives
9. BIRTHPLACE (State or Country): Unknown
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. H. Hunt
(Address) Idaho Falls
15. Filed Feb. 20 1912 H. E. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 18 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1912, to Feb 18 1912
that I last saw her alive on Feb 18 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) ..... yrs. ..... mos. 8 ds.
Contributory (Secondary) Old Debility
..... (Duration) 8 yrs. ..... mos. ..... ds.
(Signed) H. E. Fuller M. D.
Feb. 19 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Feb 20 1912
20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17142

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ....., ... St.)
File No. 1523
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Daniel Aitken

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 12 (Month) - 2 (Day) - 7 (Year) 1848

7. AGE: 63 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner - Janitor
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Chas Aitken.

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Gillespie

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Aitken
(Address) Idaho Falls

15. Filed Feb 18 1917 C. H. Munsen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 17 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11 1917, to Feb 17 1917, that I last saw him alive on Feb 17 1917, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Later Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Munsen M. D.
Feb 19 17 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sunnyside Wyo | DATE OF BURIAL: Feb 1917

20. UNDERTAKER: Jeff C Hagen | ADDRESS: Idaho Falls

Kinnard & Co.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1524

Registered No. 14

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 1

County of Bonneville Primary Registration District No. 2027

City of Idaho Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mabile Egbert.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 12 (Month) 1899 (Day) (Year)

7. AGE: 13 yrs. 9 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Soda Springs Ida.

10. NAME OF FATHER: Chas. Egbert

11. BIRTHPLACE OF FATHER (State or Country): North Kans.

12. MAIDEN NAME OF MOTHER: Della Terry.

13. BIRTHPLACE OF MOTHER (State or Country): Arizona.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Charles E. Egbert
(Address) Idaho Falls, Ida

15. Filed Feb 22 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1912, to Feb 20 1912 that I last saw h.. alive on Feb 20 1912, and that death occurred on the date stated above, at 9:30 P. M.

The CAUSE OF DEATH* was as follows:

Appendicitis

Peritonitis - following

Perforation of appendicitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

Feb 22 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Idaho — DATE OF BURIAL: Feb 23 1912

20. UNDERTAKER: Telford & Hayes — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 1525
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Silvey Steffenson.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH: Jan 24 1902 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Falls Ida.

10. NAME OF FATHER: P. L. Steffenson

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Elana Burrill

13. BIRTHPLACE OF MOTHER (State or Country): Nevada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. L. Steffenson.
(Address) Idaho Falls Idaho

15. Filed Feb 20 1912 C. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 17 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Died in hospital in Idaho Falls Ida. Pneumonia
No Dr. Gangrene - Diab. complications -
(Duration) ..... yrs. ..... mos. 2-3 days

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hammond M. D.
Feb 20 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida — DATE OF BURIAL: Feb. 20 1912

20. UNDERTAKER: Sanford & Hayes — ADDRESS: Idaho Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1526

Registered No. 14

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ..... St.)

Registration District No. 1
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jeremy H. Adams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct 26 (Month) 1831 (Day) (Year)

7. AGE: 81 yrs. 4 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Quebec Canada

10. NAME OF FATHER: James Adams

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Scotland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Geo Baker
(Address): Idaho Falls Ida.

15. Filed Feb 23 1912 C. Gunnison Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 22nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-12- 1912, to 2-22- 1912 that I last saw him alive on 2-22- 1912, and that death occurred on the date stated above, at 8:30 P M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary): None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Brickey M. D.

2/27 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Harlan Iowa

DATE OF BURIAL: Feb 1912

20. UNDERTAKER: Clifford & Hayes

ADDRESS: Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1527
Registered No. 14

1. PLACE OF DEATH.
County of Bannock
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... , ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary L Lundberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 25 (Day) 1911 (Year)

7. AGE: ..... yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho Falls Idaho

10. NAME OF FATHER: C J. Lundberg

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Julie Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. Lundberg
(Address) Idaho Falls Idaho

15. Filed Feb 27 1912 H Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Office consultation only.
Feb 25 1912, to Feb 25 1912
that I last saw baby alive on Feb 25 1912,
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Catarrhal Pneumonia

(Duration) — yrs. — mos. 1½ ds.

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) G. W. Pendleton M. D.
Mar 19 12 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Idaho — DATE OF BURIAL: 3/26/1912

20. UNDERTAKER: Clifford C Hayes — ADDRESS: Idaho Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 152

Registered No. 19

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ..... St.)
Registration District No. 7
Primary Registration District No. 2027
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lidia Alesen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr. 22 (Month) 1892 (Day) (Year)

7. AGE: 20 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stenographer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Nels Alesen

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Mrs. Sofgren

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mike Alesen
(Address) Idaho Falls

15. Filed May 2 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/24 1912, to 2/29 1912, that I last saw her alive on 2/29 1912, and that death occurred on the date stated above, at 11 30 M.

The CAUSE OF DEATH* was as follows:
Malaria abscess
Cerebro Spinal Meningitis
(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Rodenquest M. D.
3/2 1912 (Address) City.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rose Hill Idaho Falls — DATE OF BURIAL: Mch 3 1912

20. UNDERTAKER: Clifford Hays — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 22

Primary Registration District No. 2008

File No. 1529

County of Canyon

City of Nmr Plymouth (No. ....., ... St.)

Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Ray Cobb.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Feb 6 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3½ ds.

IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nmr Plymouth, Ida

10. NAME OF FATHER Frank T. Cobb.

11. BIRTHPLACE OF FATHER (State or Country) Kansas.

12. MAIDEN NAME OF MOTHER Eliza Matthews.

13. BIRTHPLACE OF MOTHER (State or Country) Kansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth Drake Drysdale.

(Address) Nmr Plymouth, Ida.

15. Filed Mar 4 1912. J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1912, to Feb 10 1912 that I last saw h[illegible] alive on Feb 8 1912, and that death occurred on the date stated above, at 2:8 A. M.

The CAUSE OF DEATH* was as follows:

Patent Ductus Arteriosus.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm T Drysdale M. D.

Feb 10 1912 (Address) Nmr Plymouth Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nmr Plymouth Ida — DATE OF BURIAL: Feb 10 1912

20. UNDERTAKER: Father. — ADDRESS: Nmr Ply-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

...VIS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008
(No. ..... St.)

File No. 1530
Registered No. 1

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William B Spaulding

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Feb 13 1834 (Month) (Day) (Year)

7. AGE: 78 yrs. 16 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): Retired 18 yrs

9. BIRTHPLACE (State or Country): Illinoise

10. NAME OF FATHER: Ephiam Spaulding

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Sarah (unknown)

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. W. Spaulding
(Address) Payette Ida

15.
Filed Mar 1 1912. J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: ~~Feb~~ May 29 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1907, to Feb 29 1912 that I last saw him alive on Feb 29 1912, and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Endocarditis. Mitral insufficiency

(Duration) 5 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) O. H. Avery M. D.
Mar. 1, 1912. (Address) Payette Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence: Removal

19. PLACE OF BURIAL OR REMOVAL: Nampa Kans — DATE OF BURIAL: Mar 2 1912

20. UNDERTAKER: J. A. Adair — ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1531

Registered No. 4

1. PLACE OF DEATH.

County of Lincoln

City of Heyburn

Registration District No. 29

Primary Registration District No. 2102

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marguerite Abigal Cooper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	single

6. DATE OF BIRTH

..... (Month) ..... (Day) 1 (Year)

7. AGE

5 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cassia Co. Ida

10. NAME OF FATHER John L. Cooper

11. BIRTHPLACE OF FATHER (State or Country) Millard Co. Utah

12. MAIDEN NAME OF MOTHER Emilla Conover

13. BIRTHPLACE OF MOTHER (State or Country) Utah Co. Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Cooper

(Address) Heyburn Ida.

15.

Filed Mch. 10 1912 — V. R. Killen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1911, to Feb. 4 1912

that I last saw h 21 alive on Feb. 4 1912

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. 5 mos. ..... ds.

Contributory .....

(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. R. Killen M. D.

Feb. 4 1912 (Address) Heyburn Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.

In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Leland Ida

DATE OF BURIAL: Feb. 5 1912

20. UNDERTAKER: L. B. Golloghly

ADDRESS: Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M-7-2-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21

County of Lincoln Co. Primary Registration District No. 2102

City of Kenyon (No. ....., ... St.)

File No. 1532

Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Myrtle Wardell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	widowed

6. DATE OF BIRTH: April (Month) 25 (Day) 1 (Year)

7. AGE: 18 yrs. 9 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho, Bannock Co

10. NAME OF FATHER: Peter R. Preece

11. BIRTHPLACE OF FATHER (State or Country): Oneida Co. Ida

12. MAIDEN NAME OF MOTHER: Julia Ann Pope

13. BIRTHPLACE OF MOTHER (State or Country): Utah Cambarron

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard R. Preece
(Address) Burley Idaho

15. Filed Feb. 10 1912 W. R. Killam Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 26 1911, to Feb 2 1912 that I last saw her alive on Feb 2 1912 and that death occurred on the date stated above, at 9 M.

The CAUSE OF DEATH* was as follows:
Laryngitis Bronchitis
Endocarditis

(Duration) yrs. 1 mos 10 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Jm Myrtle M. D.
Feb 3 1912 (Address) Burley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley — DATE OF BURIAL: Feb. 4 1912

20. UNDERTAKER: E. B. Gallogly — ADDRESS: Burley

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1534

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Shoshone
City of Murray
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 25
Primary Registration District No. 2103

2. FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1860 (Year)

7. AGE
57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Geo. D. Tesher
(Address): Murray

15.
Filed March 4 1912 Dr. Chas. A. Pettman Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26th 1912, to Feb 26 1912 that I last saw h[illegible] alive on Feb 26 1912 and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonalis
..... (Duration) 7 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. D. Tesher M. D.
Feb 26 1912 (Address) Murray Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Murray
DATE OF BURIAL: Feb 28th 1912

20. UNDERTAKER: Stone
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1535
Registered No.

1. PLACE OF DEATH.
County of Fremont
City of Victor
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2037

2. FULL NAME Lottie Bowen Jenkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Jan 16 1912 Ray Fisher M D
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 10 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1911, to Jan 10 1912
that I last saw her alive on Jan 4 1912,
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency and Nephritis with Dropsy.
Had heart trouble all her life
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dea D Keith M. D.
Jan 16 1912 (Address) Driggs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Victor Ida
DATE OF BURIAL: Jan 13 1912

20. UNDERTAKER
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Jen M. Crisler, Sub No more information obtainable.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1536
Registered No. 14

1. PLACE OF DEATH. Registration District No.
County of Kootenai Primary Registration District No. 1003
City of Coeur d Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alexander Evans

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	married

6. DATE OF BIRTH 1836
(Month) (Day) (Year)

7. AGE 76 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (*State or Country*) Penn

10. NAME OF FATHER Evans Evans

11. BIRTHPLACE OF FATHER (State or Country) Penn

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife
(Address) Newman Idaho

15. Filed 3/10 1912 D D Stevens
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1912, to ..... 191..
that I last saw him alive on Feb. 3rd 1912
and that death occurred on the date stated above, at 3 A M.
The CAUSE OF DEATH* was as follows:
Senile dementia.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Max Eisenstadt M. D.
2-5 1912 (Address) City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Spokane	Feb 5 1912
20. UNDERTAKER	**ADDRESS**
S J Quan	C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Spirit Lake

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

File No. 153
Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dennis Pratt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mch
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: about 40 yrs old (Month) (Day) 1 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hospital Spirit Lake
(Address) Spirit Lake

15. Filed 9/10 1912 — D D Freeman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1912, to Feby 3 1912
that I last saw him alive on Feby 1st 1912
and that death occurred on the date stated above, at 8:50 A. M.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease
.....
Heart (Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Rheumatism
(Duration) 3 yrs. ..... mos. ..... ds.
(Signed) Earl S Pruett M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake — DATE OF BURIAL: Feby 4 1912

20. UNDERTAKER: Jones — ADDRESS: Spt L

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1009
County of Kootenai Primary Registration District No.
City of Coeur d Alene (No. ....., ... St.)

File No. 1538
Registered No. 16

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Sand- Casey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1868 (Year)

7. AGE: 44 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Jack
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hospital
(Address) Coeur d Alene

Filed 3/10 191[illegible] D D Drennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 5th (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1912, to Feb 5th 191[illegible]
that I last saw him alive on Feb 5th 191[illegible]
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) Extension to new Lobes
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Alexander Hunter M. D.
..... 19..... (Address) Coeur d'Alene, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Thomas Cem — DATE OF BURIAL: Feb 9 191[illegible]

20. UNDERTAKER: S J Luce — ADDRESS: C d A, Ida

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1539

Registered No. 17

1. PLACE OF DEATH. Registration District No.

County of Kootenai Primary Registration District No. 2049

City of Cameron (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isaac N. Coplen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Dec. (Month) 4 (Day) 1868 (Year)

7. AGE 43 yrs. 2 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boat Builder
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Wash.

10. NAME OF FATHER Henry Coplen

11. BIRTHPLACE OF FATHER (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Julia A Upton

13. BIRTHPLACE OF MOTHER (State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A D Coplen
(Address) ~~2334~~ Cameron Idaho

15.
Filed 3/10 1912 D S Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Killed - Logging Wreck
2/14/12.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frank Vern M. D.
..... 19..... (Address) Rathdrum Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL Spokane | DATE OF BURIAL ..... 191...

20. UNDERTAKER Caverly & Nelson | ADDRESS C'd'A.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1540
Registered No. 18

1. PLACE OF DEATH. Registration District No. 17
County of Kootenai Primary Registration District No. 2003
City of Coeur D' Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lucretia Brower

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed
6. DATE OF BIRTH: Feb. (Month) 12 (Day) 1828 (Year)
7. AGE: 84 yrs. ..... mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): New York
10. NAME OF FATHER: Jake Marian
11. BIRTHPLACE OF FATHER (State or Country): New York
12. MAIDEN NAME OF MOTHER: R. Robinson
13. BIRTHPLACE OF MOTHER (State or Country): New York
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. A. Brower
(Address) 5607 - 4 N W Seattle Wash
15. Filed 3/10 191[illegible] D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1912, to Feb. 13. 1912 that I last saw her alive on Feb. 13 1912 and that death occurred on the date stated above, at 12.15 P.M.
The CAUSE OF DEATH* was as follows: Chronic intestinal obstruction
Do not know.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John D. Wood M. D.
Feb. 17 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lake Fitzpatrick DATE OF BURIAL ..... 191...
20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur D'Alene Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 14
County of Nezperce Primary Registration District No. 1005
City of Lewiston (No. ....., ... St.)
File No. 1541
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Russell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Married

6. DATE OF BIRTH ..... (Month) ..... (Day) 1839 (Year)

7. AGE 73 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) N.Y.

10. NAME OF FATHER Henry Russell

11. BIRTHPLACE OF FATHER (State or Country) N.Y.

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Son
(Address) Lewiston

15. Filed 3/10 1912 A. D. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb (Month) March 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16th 1912, to Feb 20th 1912 that I last saw him alive on Feb 19 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cancer of the stomach

..... (Duration) 1 yrs. 6 mos. — ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Bunby M. D.
19 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Lewiston DATE OF BURIAL 3 22 1912

20. UNDERTAKER D J Quan ADDRESS Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 14
County of Kootenai Primary Registration District No. 1003
City of Coeur d'Alene (No. ....., ... St.)
File No. 154
Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Absalom River

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH 1862
(Month) (Day) (Year)

7. AGE 50 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER James River

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Martha Absalom

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Son
(Address) Coeur d'Alene

15. Filed 3/10 1917 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1912, to Feb 19 1912
that I last saw him alive on Feb 18 1912
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Valvular Heart disease

..... (Duration) 20 yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J C Ohrgs M. D.
Feb. 20 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Kootenai Cem C & A — DATE OF BURIAL Feb 22 1912

20. UNDERTAKER S J Lee — ADDRESS Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

14

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1543
Registered No. 21

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ....., ... St.)

Registration District No. .....
Primary Registration District No. 1003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Pirro

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Feb. (Month) 20 (Day) 1884 (Year)

7. AGE 48 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Candy Maker
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. C. Boyd
(Address) 15 West Indiana, avp

15.
Filed 3/10 1912
S. D. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Feb. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Killed by R.R. Accident
20 a.m. Feb. 20

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
2-24 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fairmount Wash
DATE OF BURIAL ..... 191...

20. UNDERTAKER: Cassidy & Nelson
ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1544
Registered No. 22

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
Registration District No.
Primary Registration District No. 1000
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elisabeth J Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 7 1870 (Month) (Day) (Year)

7. AGE: 41 yrs. 6 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wis

10. NAME OF FATHER: Ed. Hugdll

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: ~

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Louis J Nelson
(Address) Coeur D'Alene

15.
Filed 3/10 1912
D B Greenwood
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 2nd (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1912, to Feb 20th 1912 that I last saw h.. alive on Feb 16th 1912 and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
a severe diarrhoea

..... (Duration) ..... yrs. 3 mos. ..... ds.
Contributory (Secondary) Menopause
Tuberculosis 3 months.
..... (Duration) ..... yrs. about 6 mos. ..... ds.
(Signed) A Hunter M. D.
Feb 20 1912 (Address) Coeur d'alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Coeur D'Alene Forest Cem. DATE OF BURIAL: Feb. 21 1912

20. UNDERTAKER: Casedy & Nelson ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. Age should be stated in years and months. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1545
Registered No. 22

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew McDuffie

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) ... (Day) 1879 (Year)

7. AGE: 37 yrs. 7 mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: National Guard
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Conaqua N. Y.

10. NAME OF FATHER: Horace McDuffie

11. BIRTHPLACE OF FATHER (State or Country): Ny

12. MAIDEN NAME OF MOTHER: Colburn

13. BIRTHPLACE OF MOTHER (State or Country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Horace McDuffie
(Address) Rathdrum Ida

15.
Filed 3/10 191?
D D Sherman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 22 (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 191?, to July 22 191?
that I last saw h... alive on July 22 191?
and that death occurred on the date stated above, at ... M.
The CAUSE OF DEATH* was as follows:
Tuberculosis throat Disease
.....
.....
..... (Duration) 3 yrs. ... mos. ... ds.
Contributory (Secondary) Heart failure
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) D D Sherman M. D.
July 22 1912 (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? N.Y. N.Y.
Former or usual residence N.Y.

19. PLACE OF BURIAL OR ~~REMOVAL~~: Rathdrum
DATE OF BURIAL: 7/26 191?

20. UNDERTAKER: C H Kloepfer
ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Dennett

Registration District No. 12
Primary Registration District No. 2118
(No. ....., ... St.)

File No. 1546
Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Timothy Biddell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 3 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Reservation

10. NAME OF FATHER: Joseph Biddell

11. BIRTHPLACE OF FATHER (State or Country): Reservation

12. MAIDEN NAME OF MOTHER: Anastalia

13. BIRTHPLACE OF MOTHER (State or Country): Reservation

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 3/10 1912 — Feb 24 1912
L. L. Greenaway
Wm. L. Douglas
State Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Feby 23 (Month) (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h... alive on — 191...
and that death occurred on the date stated above, at 10 A M.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) ... yrs. ... mos. 7 ds.
Contributory (Secondary) —
(Duration) ... yrs. ... mos. ... ds.
(Signed) J. R. Collard M. D.
2/24 1912 (Address) Dennett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dennett Mission Cemetery
DATE OF BURIAL: 191 2
20. UNDERTAKER
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

[redacted] Idaho

DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No. /
Primary Registration District No. 2004
(No. Soldiers Home St.)

File No. 154
Registered No. 9
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Samuel Shannon.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 7 (Day) 1842 (Year)

7. AGE: 70 yrs. — mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Veteran of Civil War
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: James Shannon

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home

15.
Filed Feb. 17 1912 G. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feb (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/17 1912, to 2/17 1912
that I last saw h[illegible] alive on 2/16 1912,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) / yrs. mos. ds.
Contributory (Secondary): Senility
(Duration) yrs. mos. ds.

(Signed) Fred A Gillaspie M. D.
2/17 1912 (Address) 1 Wade Bld

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetary — DATE OF BURIAL: Feb 18 1912

20. UNDERTAKER: Trego Summers — ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada — Primary Registration District No. 2004
City of Morris Cemetery (No. 2 Miles So of Boise St.)
File No. 1548
Registered No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bertha Clegg.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 20th (Day) 1895 (Year)

7. AGE: 16 yrs. 10 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Arizonia

10. NAME OF FATHER: John Pruitt

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Martha A Inman

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. D. Pruitt
(Address) So Boise.

15. Filed Feb. 18 1912 E. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1912, to Feb. 18, 1912 that I last saw her alive on Feb. 17, 1912, and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) — yrs. — mos. — ds.

Contributory (Secondary): Smallpox

(Duration) 9 yrs. — mos. — ds.

(Signed) E. E. Shawhan M. D.

Feb. 18 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 2/19 1912

20. UNDERTAKER: Schreiber & Siddenfaden — ADDRESS: Boise, Ida

E. E. Shawhan.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1549

Registered No. 11

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. Soldiers Home St.)

2. FULL NAME Samuel A. Stonner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: March 19 1846 (Month) (Day) (Year)

7. AGE: 65 yrs. 11 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Civil War
(b) General nature of industry business or establishment in which employed (or employer): Veteran

9. BIRTHPLACE (State or Country): Gettysburg Pa

10. NAME OF FATHER: Jacob Stonner

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER: Sarah Hanley.

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E G Burnett
(Address) Soldiers Home

15. Filed Feb. 19, 1912 — G. E. Shawlon, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: D. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1912, to Feb 18 1912
that I last saw h[illegible] alive on Feb 18 1912,
and that death occurred on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A Tillinghast M. D.
Feb 19 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery — DATE OF BURIAL: Feb 20 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 150 Jefferson Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

YMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2002
(No. Boise Valley St.)

File No. 1550
Registered No. 12
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Carman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 30 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ada County

10. NAME OF FATHER: Frank Carman

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Elizabeth Points

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Carman
(Address) Boise R. F. D. #3

Filed [redacted] 191[redacted] G. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 23rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31 1912, to Feb 23 1912 that I last saw h im alive on Feb 15-16 1912, and that death occurred on the date stated above, at 11. A. M.

The CAUSE OF DEATH* was as follows:
Spinalism - cause unknown - failed steadily from birth - Probably some congenital development-
(Duration) -0 yrs. 0 mos. 24 ds.

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) J. M. Taylor M. D.
Feb 23 1912 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetary
DATE OF BURIAL: Feb 24 1912

20. UNDERTAKER: Schrieda & Hedenfors
ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & [redacted]

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1551
Registered No. 36

1. PLACE OF DEATH.
County of Fremont
City of La Belle

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm. Love

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. 10 (Month) (Day) 1868 (Year)

7. AGE: 43 yrs. 2 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Hugh Love

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Janet Lilly

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Gough
(Address) La Belle Idaho

15. Filed Mch. 4 1912 Ray H. Fisher M.D. Local Registrar
P.H.M.D.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1912, to Mar. 3 1912
that I last saw him alive on about Mch. 1 1912
and that death occurred on the date stated above, at 3-30 P.M.

The CAUSE OF DEATH* was as follows:
Probably acute dilatation of the heart. The man was dead in a few minutes after was called but before reached him.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Probably myocarditis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ray H. Fisher M. D.
Mch. 4 1912 (Address) Rigby

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Little Butte Cemetary
DATE OF BURIAL: Mch. 6 1912

20. UNDERTAKER: M. J. Peck.
ADDRESS: Rigby

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 155
Registered No. 39

1. PLACE OF DEATH
County of Fremont
City of Canyon Creek
Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wayne L. Terry

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 26 (Day) 1911 (Year)

7. AGE: ..... yrs. 6 mos. 10 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Canon Creek

10. NAME OF FATHER Albert Terry

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Jane Weeks

13. BIRTHPLACE OF MOTHER (State or Country) Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Weeks
(Address) Canyon Creek

15.
Filed 2-11 1912
G. G. Esha, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 2 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1912, to Feb. 11 1912
that I last saw him alive on 2-11 1912
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. several ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Shupe M. D.
Feb. 11 1912 (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sr[illegible]y dell
DATE OF BURIAL: 2-11 1912

20. UNDERTAKER: John [illegible] Phillips
ADDRESS: Rexburg

for Ray B. Fisher M.D.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Teghurg (No. ....., ... St.)
File No. 1553
Registered No. 37
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Saml. L. Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1862 (Year)

7. AGE: 50 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Alex. Brown

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Mandy McMurty

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James L. Brown
(Address) Lorenzo

15. Filed 3-6 1912 J. G. Espe, M.D. Local Registrar
for Ray V. Fisher

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1912, to Mar. 6 1912
that I last saw him alive on Mar. 5 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Ruptured Aortic Aneurism

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. G. Espe M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Teghurg
DATE OF BURIAL: 3/7 1912

20. UNDERTAKER: Jo[redacted] Phillips
ADDRESS: Teghurg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Sugar City (No. ....., ... St.)
File No. 1554
Registered No. 38

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lamone A. Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W.	Babe

6. DATE OF BIRTH Feb. (Month) 27 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Sugar City

10. NAME OF FATHER Nick Nelson

11. BIRTHPLACE OF FATHER (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Annie C. Eggerty

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nick Nelson
(Address) Sugar City

15. Filed 2-29 1912 G. G. Eshe Local Registrar
for Ray D. Pike M.D.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on Feb. 27 1912
and that death occurred on the date stated above, at 2-30 P.M.

The CAUSE OF DEATH* was as follows:
Imperfect development of heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Shupe M. D.
Mar. 3 1912 (Address) Suga City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Sugar City | DATE OF BURIAL 2-28 1912

20. UNDER[illegible] | ADDRESS John Phillips | Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Ora

Registration District No. 9
Primary Registration District No. 2038
(No. ....., ... St.)

File No. 155
Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Premature 6½ mon. Son of Alvin Moon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M.	W.	

6. DATE OF BIRTH Feb. 25 (Month) (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Alvin Moon

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Alice Tout

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Moon
(Address) Ora, Idaho

15. Filed Mch 10 1912 Ray H. Tibbs Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 25 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
The child lived to be about 1 hr. old.
Premature labor
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. B. West, M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Parker — DATE OF BURIAL Feb. 26 1912

20. UNDERTAKER Tibbs — ADDRESS [redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1556
Registered No. 31

1. PLACE OF DEATH.
County of Fremont
City of Clawson

Registration District No. 9
Primary Registration District No. 2037
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ghena C. Toolson Henrie

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept. (Month) 13 (Day) 1867 (Year)

7. AGE: 44 yrs. 4 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Andrew Toolson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: - -Funk

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. A. Phillips
(Address) Clawson- Idaho

15. Filed Feb. 4 1912 — M. P. Crisler M.D. Local Registrar
for D. Fales.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1912, to Feb. 1 1912
that I last saw her alive on Jan. 29 1912
and that death occurred on the date stated above, at 7-40 P. M.

The CAUSE OF DEATH* was as follows:
A tumor of both kidneys the right being much larger.
(Duration) 12 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dora D. Keith M. D.
Feb. 4 1912 (Address) Driggs - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clawson
DATE OF BURIAL: Feb. 5 1912

20. UNDERTAKER: D. H. Hopkins
ADDRESS: Clawson

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1557
Registered No. 40

1. PLACE OF DEATH.
County of Fremont
City of Small

Registration District No. 9
Primary Registration District No. 2080
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Case

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 60 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranch Hand
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Jno. Case

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. P. Scroggs
(Address) Du Bois, Idaho

15. Filed Mch. 4 1912 Ray H. Fisher M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch. (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Loss of blood

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Tbg-bite
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. P. Scroggs M. D.
Mch. 4 1912 (Address) Du Bois, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Mch. 6 1912

20. UNDERTAKER: G. W. Hunt.
ADDRESS: Ida. Falls.

Ray H. Fisher, M.D.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. [redacted]

CERTIFICATE OF DEATH

[redacted] State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9

County of Fremont Primary Registration District No. 2080

City of Dubois (No. ....., ... St.)

File No. 1558

Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob Shear

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct. 27 1850 (Month) (Day) (Year)

7. AGE: 62 yrs. 4 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Peter Shear

11. BIRTHPLACE OF FATHER (State or Country): Ohio.

12. MAIDEN NAME OF MOTHER: Eliz. Elsass

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. Hunt
(Address) Ida. Falls.

15.
Filed Mar. 4 1912 Ray H. Fisher M.D. Local Registrar
Per. R.D.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. P. Scroggs M. D.
Mar. 4 1912 (Address) Dubois

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Carton, Ohio
DATE OF BURIAL: Shipped 191...

20. UNDE[redacted]R: G. [redacted]unt
ADDRESS: Ida. Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1560
Registered No. 26

1. PLACE OF DEATH.
County of Jefferson
City of Rigby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ____, ____ St.)

2. FULL NAME Laura Griffin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Nov. (Month) 12 (Day) 1909 (Year)

7. AGE: 2 yrs. 3 mos. ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Henry Griffen

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Richardson

13. BIRTHPLACE OF MOTHER (State or Country): Utah Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Griffen
(Address) Idaho Rigby

15. Filed Mch 10 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1912, to Feb. 12 1912 that I last saw h[illegible] alive on Feb. 12 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

(Duration) ____ yrs. ____ mos. 2 ds.

Contributory (Secondary)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Ray H. Fisher M. D.
Feb. 15 1912 (Address) Rigby

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs.... ....mos....ds. In the State ....yrs.... ....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clarkston, Utah — DATE OF BURIAL: Feb. 15 1912

20. UNDER[illegible]R: M. [illegible]eck & Sons — ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. ____
County of Fremont Co. Primary Registration District No. 2040
City of Rigby (No. ____, ____ St.)
File No. 1561
Registered No. 27
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Babe Jorgensen
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: Jan. (Month) 27 (Day) 1912 (Year)

7. AGE: ____ yrs. ____ mos. 20 ds. IF LESS than 1 day how many ____ hrs. or ____ min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Hans Jorgensen.

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Christina Christenson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hans Jorgensen
(Address) Rigby

15. Filed Mch. 10 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1912, to Feb. 16 1912 that I last saw her alive on Feb. 16 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Infantile Convulsions

(Duration) ____ yrs. ____ mos. 1 ds.
Contributory (Secondary) Acute Indigestion
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Ray H. Fisher M. D.
Feb. 18 1912 (Address) Rigby

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rigby, Idaho — DATE OF BURIAL: Feb. 17 1912

20. UNDERTAKER: [redacted] Sands — ADDRESS: Rigby

HYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1563
Registered No. 42

1. PLACE OF DEATH.
County of Fremont
City of Rigby
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2040

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jessie May Strong

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: Aug. 5 1910 (Month) (Day) (Year)

7. AGE: 1 yrs. 7 mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer): ~~Idaho~~

9. BIRTHPLACE (State or Country): Idaho,

10. NAME OF FATHER: M. A. Strong

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nora A. Sayers

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. A. Strong
(Address) Ucon

15. Filed Mar. 10 1912 Ray H. Fisher Jr. S. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1912, to Mar. 7 1912
that I last saw her alive on Mar. 6 1912
and that death occurred on the date stated above, at 8.30 M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Patton M. D.
Mch. 7 1912 (Address) Rigby - Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby
DATE OF BURIAL: 3/9 1912

20. UNDERTAKER: M. J. Peck & Sons
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Lewisville

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

File No. 1564
Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie C. Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6. DATE OF BIRTH: Aug. 22 (Month) 1837 (Day) (Year)

7. AGE: 74 yrs. 6 mos. 6 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Hans Pederson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Anna Pederson

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Walker
(Address) Lewisville

15. Filed Mch. 10 1912 Ray [illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1912, to Feb. 28 1912, that I last saw her alive on Feb. 26 1912 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Myocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Melton M. D.
Feb. 29 1912 (Address) Menan

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewis[redacted]le
DATE OF BURIAL: Feb. 29 1912

20. UNDE[redacted]R: G. [redacted]ent
ADDRESS: Ida. Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1565
Registered No. 34

1. PLACE OF DEATH.
County of Fremont
City of Menan

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gladys May Woods

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: April 12 (Month) (Day) 1908 (Year)

7. AGE: 3 yrs. 10 mos. 1 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): W. Va.

10. NAME OF FATHER: Chas. A. Woods

11. BIRTHPLACE OF FATHER (State or Country): W. Va.

12. MAIDEN NAME OF MOTHER: Maggie B. Bateman

13. BIRTHPLACE OF MOTHER (State or Country): W. Va.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. A. Woods
(Address) Menan, Idaho

15. Filed Mch 10 1912 Ray S. Fisher M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1912, to Feb. 13 1912
that I last saw her alive on Feb. 12 1912
and that death occurred on the date stated above, at 6:30 P. M.

The CAUSE OF DEATH* was as follows:
Post Scarlatinal Nephritis

..... (Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Suppression of Urine
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Melton M. D.
Feb. 20 1912 (Address) Menan

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Menan
DATE OF BURIAL: Feb. 14 1912

20. UNDERTAKER: M. [redacted]eck
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1566
Registered No. 32

1. PLACE OF DEATH.
County of Fremont
City of Rigby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John McRae

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowered

6. DATE OF BIRTH: Jan. 30 (Month) (Day) 1835 (Year)

7. AGE: 77 yrs. 1 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Albert McRae

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Eunice Fitz Gerald

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. A. Lawson
(Address) Rigby, Idaho

15. Filed Feb. 29 1912 Ray H. Fisher Local Registrar
Pct. N. D.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 28 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 191 2, to Feb. 28 191 2 that I last saw him alive on Feb. 27 191 2 and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Duration 3 years
(Duration) Paren[illegible] yrs. [illegible] mos. ds.
Contributory (Secondary) Chronic - Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ray H. Fisher M. D.
Feb. 29 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City
DATE OF BURIAL: Mch 2 191 2

20. UNDERTAKER: M. J. Peck & Sons
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE [illegible]TH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 18
Registered No. 1568

1. PLACE OF DEATH
County of Bannock
City of Pocatello (No. [illegible] St.)
Regis[illegible] District No.
Prima[illegible]tration District [illegible]002

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME [illegible] Davis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PA[illegible]ARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, [illegible]ED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: ..... 1 (Month) (Day) (Year)
7. AGE: 32 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Brakeman
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): N. Y.
10. NAME OF FATHER: John Davis
11. BIRTHPLACE OF FATHER (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): Ireland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. B. Walker
(Address) [illegible]
15. Filed 2/19 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 17th 191[illegible]
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h...alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicide by taking Carbolic acid
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. B. Healy M. D.
Feb 20, 1912 (Address) Pocatello, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hudson, N. Y. DATE OF BURIAL: Feb 25 191[illegible]
20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Bannock Primary Registration District No. 1007
City of Pocatello (No. ..... St.)
File No. 18
Registered No. 1560

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas J. Lynch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 15 (Day) 1840 (Year)

7. AGE: 72 yrs. 1 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Patrick Lynch

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Julia Patton

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A B Keen
(Address) Pocatello Idaho

15. Filed 2/19 191 Grant D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Feb 17 1912
and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:
Dilitation of Heart.
(Duration) 7 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A B Keen M. D.
2-19- 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Dewey Neb. DATE OF BURIAL: Feb. 22 1912

20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 20

Registered No. 1570

1. PLACE OF DEATH. District No. 19

County of Bannock Registration District No. 6002

City of Pocatello (If not in hospital, give street address) (No. Cent. Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME O. P. Drake.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Divorced (Write the word.)

6. DATE OF BIRTH ... 1852
(Day) (Year)

7. AGE 60 yrs. ... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Salt Lake Utah

10. NAME OF FATHER O. Drake.

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lawrence Drake.
(Address) Lorenzo

15. Filed 2/18 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feby 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 8 1912, to Feby 19 1912 that I last saw him alive on Feby 19 1912 and that death occurred on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. A. Draught M. D.

Feby 19 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 10 yrs. ... mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lorenzo Idaho

19. PLACE OF BURIAL OR REMOVAL Lorenzo DATE OF BURIAL Feby 19 1912

20. UNDERTAKER W. D. Wacker ADDRESS Wacker

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22
County of Canyon Primary Registration District No. 2008
City of Emmett (No. ....., ... St.)
File No. 1571
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ~~Thos~~ Son of H P. Chadwick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: Oct (Month) 11 (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Emmett Ida

10. NAME OF FATHER: H.P. Chadwick

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Minnie Bell

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.P. Chadwick
(Address) Emmett, Ida

15. Filed March 5 1912 J.C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 12 1912, to Jan 13 1912 that I last saw him alive on Jan 12 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Enlarged bronchial gland pressing on trachea & recurrent laryngeal nerve
(Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
2/5 1912 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: Jan 15 1912

20. UNDERTAKER: F.M. Tarleton — ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1572
Registered No. 5

1. PLACE OF DEATH.
County of Canyon
City of Emmett
(No. ....., ... St.)

Registration District No. 22
Primary Registration District No. 2008

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Orley N. Callender

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 18 (Day) 1852 (Year)

7. AGE: 59 yrs. 8 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Solomon Callender

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Informant don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Callender
(Address) Emmett Ida

15. Filed March 5 1912 J B Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 30 1912, to Feby 2 1912 that I last saw him alive on Feby 2 1912, and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:
arteriosclerosis
resulting in cardiac
failure
(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P N Cummings M. D.
2/2 1912 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery
DATE OF BURIAL: Feb 3 1912

20. UNDERTAKER: O D Buckenum
ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STEVENS-YORK CO., PRINTERS & STATIONERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1573

Registered No. 6

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Emmett (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008

2. FULL NAME Elizabeth Jane Logan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Mar (Month) 7 (Day) 186[illegible] (Year)

7. AGE: 46 yrs. 10 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Hamilton, Ont. Canada

10. NAME OF FATHER Thos. W. Milligan

11. BIRTHPLACE OF FATHER (State or Country) Monoghan, co Ireland

12. MAIDEN NAME OF MOTHER Eliza Ried

13. BIRTHPLACE OF MOTHER (State or Country) Tyrone co. Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W J Logan
(Address) Emmett, Ida

15. Filed March 5 1912 J.O. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1911, to Feb. 8 1912.
that I last saw h[illegible] alive on Feb 7 1912
and that death occurred on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver
not known to me.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O. Clark M. D.
Feb 10 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett — DATE OF BURIAL: Feb 11, 1912

20. UNDERTAKER: L D Buckman — ADDRESS: Emmett Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008

File No. 1573
Registered No. 6
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elizabeth Jane Logan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 7 (Day) 1866 (Year)

7. AGE: 46 yrs. 10 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hamilton, Ont. Canada

10. NAME OF FATHER: Thos. W. Milligan

11. BIRTHPLACE OF FATHER (State or Country): Monoghan Co Ireland

12. MAIDEN NAME OF MOTHER: Eliza Ried

13. BIRTHPLACE OF MOTHER (State or Country): Tyrone Co. Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W J Logan
(Address) Emmett, Ida

15.
Filed March 5 1912 J.O. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 1911, to Feb 8 1912
that I last saw her alive on Feb 7 1912,
and that death occurred on the date stated above, at 8 42 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver
not known to me.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O. Clark M. D.
Feb 10 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1). MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett | DATE OF BURIAL: Feb 11 1912

20. UNDERTAKER: L D Buckman | ADDRESS: Emmett Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WEISS-YORK CO., PRINTERS & RINGERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008
(No. ____, ____ St.)

File No. 1574
Registered No. 7
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Willard P. Moyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 4 (Month) (Day) 1864 (Year)

7. AGE: 47 yrs. 8 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Informant don't Know

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Informant don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse Moyer
(Address) Emmett Idaho

15.
Filed March 5 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 17 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1912, to Feb 17 1912 that I last saw him alive on Feb. 17 1912 and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:
Brights Disease also Contracted with Cystitis
(Duration) 2 yrs. ____ mos. ____ ds.
Contributory (Secondary)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. L. Reynolds M. D.
Feb 21 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: Feb 19 1912

20. UNDERTAKER: O L Buckman
ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

[redacted]

BUREAU OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
(No. ..... , ... St.)

Registration District No. 22
Primary Registration District No. 2008

File No. 1575
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Everett Leroy Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Child

6. DATE OF BIRTH: Dec 28 1911
(Month) (Day) (Year)

7. AGE: — yrs. 2 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Emmett Idaho

10. NAME OF FATHER: Sam Smith Jr

11. BIRTHPLACE OF FATHER (State or Country): Unable to get same

12. MAIDEN NAME OF MOTHER: " " " "

13. BIRTHPLACE OF MOTHER (State or Country): " " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Smith Jr
(Address)

15. Filed March 6 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 26 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 24 1912 to Feby 25 1912
that I last saw him alive on Feby 25 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H H Cummings M. D.
Feb 27 1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett, Idaho
DATE OF BURIAL: Feb 27 1912

20. UNDERTAKER: C. L. Bucknum
ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

2

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1576

Registered No. 9

1. PLACE OF DEATH. Registration District No. 20

County of Canyon Primary Registration District No. 2008

City of Payette (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Thomas White

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: January 5 (Month) (Day) 1862 (Year)

7. AGE: 50 yrs. 2 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: John White

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizabeth Bird

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Joseph T White

(Address) Jamieson, Oregon

15.

Filed March 5 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 5 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1912, to March 5 1912, that I last saw h[illegible] alive on March 5 1912, and that death occurred on the date stated above, at 10.00 A. M.

The CAUSE OF DEATH* was as follows:

Perforation of Gall bladder
Gall stones
General Peritonitis
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J C Woodward M. D.
March 5 1912 (Address) Payette, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death: — yrs. — mos. 1 ds. In the State: — yrs. — mos. 1 ds.

Where was disease contracted, if not at place of death? Jamieson, Oregon

Former or usual residence Jamieson Oregon

19. PLACE OF BURIAL OR REMOVAL: Payette Idaho DATE OF BURIAL: March 7 1912

20. UNDERTAKER: A. C. Conover ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

[redacted] of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22
County of Boise Primary Registration District No. 2008 File No. 1571
City of Ola (No. ....., ... St.) Registered No. 4
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Elenor Holbrook
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): [illegible]

6. DATE OF BIRTH: April (Month) 7 (Day) 1911 (Year)

7. AGE: No yrs. 9 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ola Idaho

10. NAME OF FATHER: Robert Holbrook

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Pearl Wells

13. BIRTHPLACE OF MOTHER (State or Country): Russell Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret Wells
(Address) Emmett Idaho

15. Filed March 6 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 17 1912, to Jan 18 1912, that I last saw h[illegible] alive on Jan 18 1912, and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Secondary Meningitis
Following what seems to be a tonsilitis
(Duration) ..... yrs. ..... mos. One ds.
Contributory (Secondary) Tonsilitis
(Duration) ..... yrs. ..... mos. 3 ds.
(Signed) [illegible] M. D.
3/5 1912 (Address) Emmett Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ola — DATE OF BURIAL: Jan 19 1912

20. UNDERTAKER: H. W. Tarleton — ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1573
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Twin Falls
Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wealthy [redacted] Beckett

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April 29 1852 (Month) (Day) (Year)

7. AGE: 59 yrs. 9 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: John Throckmorton

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary Ruthford

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. T. Beckett
(Address) Twin Falls, Ida.

15. Filed Feb 19 1912 John F. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. 18 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1911, to Feb. 18 1912
that I last saw her alive on Feb. 16 1912
and that death occurred on the date stated above, at 6:45 P. M.

The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) Do. yrs. not known mos. ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Weaver M. D.
2-19 1912 (Address) Twin Falls,

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos.
Where was disease contracted, if not at place of death?
Former or usual residence
[redacted] ..... yrs ..... mos ..... ds.

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: 2/20 1912

20. UNDERTAKER: C. J. Groseclose
ADDRESS: Twin Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Dempsey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2047
(No. ....., ... St.)

File No. 1580
Registered No. 17
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fred Blaser

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: March 1 (Month) (Day) 1833 (Year)

7. AGE: 79 yrs. — mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Rancher

9. BIRTHPLACE (State or Country) England

10. NAME OF FATHER Fred Blaser

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Bertha Smit

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Blaser
(Address) Dempsey Ida

15. Filed March 10 1912 Ellis Kaeser Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 9. 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1. 1912, to March 9. 1912
that I last saw him alive on March 1. 1912
and that death occurred on the date stated above, at 39 M.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis

..... (Duration) 5 yrs. — mos. ..... ds.
Contributory Acute
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ellis Kaeser M. D.
March 10 1912 (Address) Arco Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dempsey — DATE OF BURIAL: March 11 1912

20. UNDERTAKER: Will Walker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1581

1. PLACE OF DEATH.
County of Bannock
City of Downey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

Registered No. 16
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Stella Bloxham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: November 20 1910 (Month) (Day) (Year)

7. AGE: 1 yrs. 3 mos. ------ ds. IF LESS than 1 day how many ..... *hrs.or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Pocatello, Idaho.

10. NAME OF FATHER Horace Bloxham

11. BIRTHPLACE OF FATHER (State or Country) Kaysville, Utah

12. MAIDEN NAME OF MOTHER Katherine Isom

13. BIRTHPLACE OF MOTHER (State or Country) St. George, Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Richard Bloxham
(Address) Downey, Ida.

15. Filed Mch 10, 1912 Ellen Hardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February 20 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1912, to Feb 20 1912 that I last saw her alive on Feb 20 1912, and that death occurred on the date stated above, at 8.00P M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 5 ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Brennan M. D.

Feb 21 1912 (Address) Downey, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cambridge Cemetery
DATE OF BURIAL: 2-22 191

20. UNDERTAKER: B. P. Denney
ADDRESS: Downey Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 158
Registered No. 12/14

1. PLACE OF DEATH
County of Bannock
City of Oxford

Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thelma Hendricks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 13 (Day) 1907 (Year)

7. AGE: 4 yrs. 5 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Richmond utah

10. NAME OF FATHER: Alferd D Hendricks

11. BIRTHPLACE OF FATHER (State or Country): Richmond utah

12. MAIDEN NAME OF MOTHER: Annie Jorgenson

13. BIRTHPLACE OF MOTHER (State or Country): Scipio Millard utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Hatch
(Address) Oxford Idaho

15. Filed Mch 8 1912 Ellis Earley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) — 5 (Day), 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/5 1912, to 3/5 1912 that I last saw her alive on 3/5 1912 and that death occurred on the date stated above, at 6-30 P. M.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning in Acute Bright's Disease

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Scarlet fever

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Albert S Preston M. D.

3/6 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ... in the state ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR [redacted]AL: Oxford — DATE OF BURIAL: 3/7 1912

20. UNDERTAKER: B. P. Denny — ADDRESS: Denny Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1585
Registered No. 18

1. PLACE OF DEATH.
County of Canyon
City of Grace

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ralph Jacobs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: April (Month) 1 (Day) 1911 (Year)

7. AGE: ~~1~~ yrs. 11 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Grace, Idaho

10. NAME OF FATHER: Ralph Jacobs

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Frances Summers

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph Jacobs
(Address) Grace, Ida

15.
Filed March 19 1912 Ellis Karrer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 5, (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1912, to March 5 1912
that I last saw h[e] alive on March 5 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory None
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ellis Karrer M. D.
March 19 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grace, Idaho
DATE OF BURIAL: March 7, 1912

20. UNDERTAKER: Ed. Wilkinson
ADDRESS: Soda Springs Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALT
Bureau of Vital Statis

1. PLACE OF DEATH.
County of Bannock
City of Chubbuck
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2048
(No. ..... , ... St.)

File No. 1586
Registered No. 12
If death occurred in a hospit stitution or camp give its N instead of street and numb

2. FULL NAME George Edwin Hibner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: Apr (Month) 24 (Day) 1835 (Year)

7. AGE: 76 yrs. 9 mos. 24 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: David Hibner

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Julia Collins

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adams Hibner
(Address) Chesterfield, Ida

15. Filed Feb 21 1912 Ellis Kerr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 17 (Day) 19 (Y

17. I HEREBY CERTIFY, That I attended deceased Feb 9 1912, to Feb 17, 19 that I last saw him alive on Feb 9 19 and that death occurred on the date stated above, at 7.45

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart
..... (Duration) ..... yrs. ..... mos.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos.
(Signed) Russell J Burtch
Feb 18 19 12 (Address) Bancroft, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, s MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institu Transients or Recent Residents.)
At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos...
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Chesterfield — DATE OF BU Feb 19

20. UNDERTAKER: [illegible] Lunsford — ADDRESS Chubbuck

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

File No. 1587
Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oscar Vennepalo

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) 18~~77~~ (Year)

7. AGE: 34 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER: Hermann Vennepalo

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lorens Larsen
(Address) Mullans Idaho

15.
Filed Feb. 29, 1912 H. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby 27th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 23 1912, to Feby 27 1912
that I last saw him alive on Feby 27 1912
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia (Bronchial)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. C. Hitchman M. D.
Feby 28 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Wallace Hospital in the ..... yrs. 2 mos. ..... ds.
State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Mullan Ida
Former or usual residence Mullan Ida

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: Feby 29 1912

20. UNDERTAKER: A. P. Ward
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

344

Form V. S. No. 5. 12½M. 7-30-11

CERTIFICATE OF DEATH

State of Idaho

1. PLACE OF DEATH.

Registration District No. 74

County of Shoshone

Primary Registration District No. 1811

File No. 1935

City of Wallace (No. King St.)

Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John J. Nicholson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug. (Month) 9 (Day) 1860 (Year)

7. AGE: 51 yrs. 6 mos. 2 ds.

IF LESS than 1 day how many.....hrs. or .....min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: County Sheriff
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Thomas Nicholson

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Kyle Kingston

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas F. Nicholson
(Address) Wallace Idaho

15.
Filed Feb 24 1912 T. Lee Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15 1912, to Feby 21 1912, that I last saw h-im alive on Feby 20 1912 and that death occurred on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Perhaps (Duration) yrs. mos. ds.

Contributory (Secondary) Acute Gastritis Acute Congestion liver

(Duration) yrs. mos. ds.

(Signed) Chas. R. Mowry M.D.

Feby 22 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho. DATE OF BURIAL: Feby 24 1912

20. UNDERTAKER: A.P. Ward ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1589
Registered No. 16

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. Hope Hospital St.)
Registration District No. 28
Primary Registration District No. 10 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Allen Monroe.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Unknown (Month) (Day) 1 (Year)

7. AGE 53 yrs. mos. ds. IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Mining

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary L. Monk
(Address) Wallace, Ida.

15.
Filed Feb. 24, 1912. [illegible] Deputy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feby 16th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23-1911 to Feby 16 1912
that I last saw him alive on Feby 16 1912
and that death occurred on the date stated above, at 3 P.M.
The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis
(Duration) Unknown yrs. mos. ds.
Contributory (Secondary) Mitral Insufficiency
(Duration) Unknown yrs. mos. ds.
(Signed) Mary L. Monk M. D.
Feby 21 1912 (Address) Wallace, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death: Wallace Ida. In the State: Hope Hospital
yrs. 1 mos. 7 ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence: Wallace, Idaho

19. PLACE OF BURIAL OR REMOVAL: Wallace Cemetery. DATE OF BURIAL: Feby 22 1912

20. UNDERTAKER: H. P. Ward. ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1590
Registered No. 15

1. PLACE OF DEATH.
County of Shoshone
City of Mullan.

Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jesse R. Adkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 34 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Milkman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: S. J. Adkins.

11. BIRTHPLACE OF FATHER (State or Country): Georgia.

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. R. Adkins
(Address) Mullan Ida

15. Filed FEB 5 1912 191... FEB 5 1912 A. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby 3 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1912, to Feb 3 1912 that I last saw h alive on Feb 3 1912 and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows: Fracture base of skull Internal injuries

(Duration) ..... yrs. ..... mos. ½ ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry M. D.
Feby 4 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Providence Hosp in the Wallace Ida
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Mullan Ida
Former or usual residence Mullan Ida

19. PLACE OF BURIAL OR REMOVAL: Mullan. Ida. DATE OF BURIAL: Feby 5 191...

20. UNDERTAKER: H. O. Ward. ADDRESS: Wallace Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1591
Registered No. 8

1. PLACE OF DEATH.
County of Custer
City of Challis
(No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2061

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Roy Preston Ellis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 20 (Day) 1890 (Year)

7. AGE: 21 yrs. 8 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer & Stockman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Custer Co. Idaho

10. NAME OF FATHER: Geo. Ellis

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Mary H. Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. A. Ellis
(Address) Ellis, Ida.

15.
Filed Feb. 14th. 1912 C. L. Kirtley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Feb. 14th. (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20th. 1912, to Feb. 14th. 1912
that I last saw him alive on Feb. 14th. 1912
and that death occurred on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:
Tubercular Meningitis

..... (Duration) ..... yrs. 1 mos. 10 ds.
Contributory (Secondary) From focus in lung
..... (Duration) 4 yrs. ..... mos. ..... ds.
(Signed) C. L. Kirtley M. D.
2/14 1912 (Address) Challis, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: May, Idaho.
DATE OF BURIAL: Feb. 17 1912

20. UNDERTAKER: W. L. Dickson
ADDRESS: Challis Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of
BOARD OF H
Bureau of Vita

File No. 1

Registered No.

If death occurred in
stitution or camp
instead of street a

1. PLACE OF DEATH.
County of Bear Lake.
City of Georgetown (No. ..... St.)

Registration District No. 24
Primary Registration District No. 2096

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Georgiana Bee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 6th (Day) 1845 (Year)

7. AGE: 66 yrs. 10 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Georges McKetheney.

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Dont Rnow

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John W. Bee
(Address): Georgetown Ida.

15.
Filed Mar. 1 1912 J W Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 21st
(Month) (Day)

17. I HEREBY CERTIFY, That I attended dec
Feb 20th 191 7, to Feb 21st
that I last saw h alive on Feb 20
and that death occurred on the date stated above, at
The CAUSE OF DEATH* was as follows:
Chronic Valvular Disease of
Chronic Mitral Regurgit
(Duration) Dont Rnow yrs. mos.
Contributory
(Secondary)
(Duration) yrs. mos.
(Signed) H W Hench
2-21-1917 (Address) Montp

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAU
MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, I
Transients or Recent Residents.)
At place of death 19 yrs. mos. ds. In the State 39 yrs.
Where was disease contracted, if not at place of death?
Former or usual residence: Georgetown Ida

19. PLACE OF BURIAL OR REMOVAL: Bloomington, Ida. DATE OF 2-2

20. UNDERTAKER: Irons ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK Co., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1593
Registered No. 14

1. PLACE OF DEATH.
County of Bingham
City of Sterling

Registration District No. 13
Primary Registration District No. 2029
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Esther Louise Harper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: [illegible] (Month) (Day) 1880 (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ogden. Utah

10. NAME OF FATHER: Alfred Randall

11. BIRTHPLACE OF FATHER (State or Country): utah

12. MAIDEN NAME OF MOTHER: Anna Stevens

13. BIRTHPLACE OF MOTHER (State or Country): utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. J. Satterfield
(Address) Sterling

15.
Filed Mch 15 1912 M. C. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 1912, to Mch 8 1912 that I last saw h.e.r alive on Mch 8 1912 and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Salpingitis

..... (Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) Peritonitis & Pleurisy
..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) M. C. McKinnon M. D.
Mch 15 1912 (Address) Attended Soloha

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ogden Utah
DATE OF BURIAL: Mch 18 1912

20. UNDERTAKER: Thomson Harper
ADDRESS: Sterling Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1594
Registered No. 2

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asyl St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chloe D. Harris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1850 (Year)

7. AGE: 62 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: ~~~

11. BIRTHPLACE OF FATHER (State or Country): ~~~

12. MAIDEN NAME OF MOTHER: ~~~

13. BIRTHPLACE OF MOTHER (State or Country): ~~~

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A. Poole
(Address) Blackfoot, Idaho

15. Filed Mch 28 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1912, to Mch. 28 1912
that I last saw her alive on Mch 28 1912
and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:
Exhaustion following
Senile Dementia
0
..... (Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Francis A. Poole M. D.
Mch 28 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 14 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence. Kuna, Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asyl. Cem — DATE OF BURIAL: Mch 30 1912

20. UNDERTAKER: F. A. Poole — ADDRESS: Blackfoot Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. * 1595
Registered No. 20

1. PLACE OF DEATH.
County of Bingham
City of Thomas

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Norman Watts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Oct (Month) 13 (Day) 1911 (Year)

7. AGE: yrs. 5 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Thomas Idaho

10. NAME OF FATHER: George O. Watts

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Eliza J. Draper

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George O Watts
(Address) Thomas Idaho

15. Filed Mch 28 1912 — W. E. Satrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1912, to Mar 28 1912 that I last saw him alive on March 27 1912 and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia of both lungs

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Whooping Cough

(Duration) 1 yrs. 2 mos. ..... ds.

(Signed) C. A. Bowen M. D.

Mar 28 1912 (Address) Blackfoot, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, at Home

If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Thomas Riverside Cem — DATE OF BURIAL: Mch 29 1912

20. UNDERTAKER: Geo O Watts — ADDRESS: Blackfoot R 2 Box 7

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1596
Registered No. 19

1. PLACE OF DEATH.
County of Bingham
City of Groveland
(No. ..., No ... St.)
Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Herbert Sorenson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

6. DATE OF BIRTH: June (Month) 20 (Day) 1911 (Year)

7. AGE: ... yrs. 9 mos. 7 ds.
IF LESS than 1 day how many ... hrs. or ... min)

8. OCCUPATION
(a) Trade, profession or particular kind of work: ...
(b) General nature of industry business or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Groveland Ida

10. NAME OF FATHER: Jens Sorenson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Malene Hegland

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Davis M. D.
(Address) Blackfoot Ida

15. Filed Mch 28 1912 W. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 21 1912, to Mar 26 1912
that I last saw him alive on Mar 26 1912
and that death occurred on the date stated above, at 12 P.M.
The CAUSE OF DEATH* was as follows:
Gastro Enteritis

(Duration) ... yrs. ... mos. 10 ds.
Contributory (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.
(Signed) J. B. Davis M. D.
3/29 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Groveland Cemetery
DATE OF BURIAL: Mch 28 1912

20. UNDERTAKER: J. L. Sorensen
ADDRESS: Blackfoot R F D

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

File No. 1594
Registered No. 17
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Moritz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: 1843
(Month) (Day) (Year)

7. AGE: 64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis N. Poole M.D.
(Address) Blackfoot. Idaho

15. Filed Mch 25 1912 M. E. Patric. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 24 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1912, to March 24 1912 that I last saw h. alive on Mch 23 1912, and that death occurred on the date stated above, at 5.15 P. M.

The CAUSE OF DEATH* was as follows:
Strangulation – Committed suicide by hanging

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Dementia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances N. Poole M. D.
Mch 25 1912 (Address) Blackfoot. Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs. — mos. 8 ds. In the State 3 yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: Caldwell, Idaho

19. PLACE OF BURIAL OR REMOVAL: Caldwell. Idaho
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: E. J. Peak
ADDRESS: Blackfoot Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

DEATH.

Registration District No. 13

Primary Registration District No. 1007

City of Blackfoot (No. 35, N. Shoshone St.)

File No. 1599

Registered No. 15

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Clark

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH March 14 1912
(Month) (Day) (Year)

7. AGE — yrs. — mos. — ds.
IF LESS than 1 day how many 15 hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Blackfoot Bingham Co. Idaho

10. NAME OF FATHER Cecil C. Clark

11. BIRTHPLACE OF FATHER (State or Country) Gunnison Utah

12. MAIDEN NAME OF MOTHER Allie York

13. BIRTHPLACE OF MOTHER (State or Country) Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cecil C. Clark
(Address) 35 N. Shoshone Ave

15. Filed Mch 15 1912 Blackfoot Idaho W. E. Pierce Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 14 1912, to Mar 15 1912
that I last saw her alive on Mar 15 1912
and that death occurred on the date stated above, at 3 A. M.
The CAUSE OF DEATH* was as follows:

Prematurity of Muscles

(Duration) yrs. mos 1/2 ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) F. C. Mitchell M. D.
Mar 15 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Blackfoot City Cem. DATE OF BURIAL Mch 15 1912

20. UNDERTAKER D. H. Bitthaus ADDRESS Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac ment of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

County of Bingham

City of Blackfoot

Primary Registration District No. 1007

(No. Idaho Insane Asylum St.)

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1600

Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Ann Turpin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: — (Month) — (Day) 1878 (Year)

7. AGE: 34 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances M. Poole
(Address) Blackfoot Idaho

15.
Filed Mch 6 1912 W. E. Patri
Local Registra

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 5 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22 1911, to March 5 1912
that I last saw h[illegible] alive on March 5 1912
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Exhaustion due to
long continued acut[illegible]
..... (Duration) ..... yrs. 8 mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances M. Poole M. D.
Mch 5 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 8 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Murray [illegible]
DATE OF BURIAL: Mch 8 1912
UNDERTAKER: E. J. Ruck [illegible] Undertaking Co.
ADDRESS: Blackfoot, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st
ment of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1601
Registered No. 16

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. 9, Oak St.)
Registration District No. 13
Primary Registration District No. 1007

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Berta Felecia Blenkle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: Dec. (Month) 21 (Day) 1911 (Year)
7. AGE: ..... yrs. 3 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country) Blackfoot Idaho
10. NAME OF FATHER Markus Blenkle
11. BIRTHPLACE OF FATHER (State or Country) Germany
12. MAIDEN NAME OF MOTHER Anna Arwish
13. BIRTHPLACE OF MOTHER (State or Country) Germany
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Markus Blenkle
(Address) Blackfoot
15. Filed Mch 22 1912 W. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 22 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 20 1912., to March 22 1912 that I last saw her alive on March 22 1912 and that death occurred on the date stated above, at 10.4 A.M.
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory —
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F. W. Mitchell M. D.
March 22 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fern Lawn Cemetery DATE OF BURIAL: March 24 1912
20. UNDERTAKER: E. J. Peck ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 13
Primary Registration District No. 1007
File No. 1602
Registered No. 18

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. 111, Bridge St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mame Way

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 23 (Day) 1878 (Year)

7. AGE: 33 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry business or establishment in which employed (or employer): Dry Goods Store

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: John Tincknell

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Roza Hinds
(Address) Blackfoot

15.
Filed Mch 25 1912
M. E. Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1912, to March 23 1912 that I last saw her alive on March 23 1912 and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis.

(Duration) 3 yrs. mos. ds.

Contributory (Secondary) Pyosalpinx & septic endometritis

(Duration) 3 yrs. mos. ds.

(Signed) Dr. W. H. Stahl M. D.
March 25 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Can't say
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Churn Vale Kansas
DATE OF BURIAL ..... 191...

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Husband Carl Way - Bankruptcy Suit

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1603
Registered No. 22

1. PLACE OF DEATH.
County of Oneida
City of Blackfoot

Registration District No. 13
Primary Registration District No. 1007
(No. 260, East Main St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Vera Woods

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: July (Month) 11 (Day) 1910 (Year)

7. AGE: 1 yrs. 8 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: Joseph C. Woods

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Judith Auet

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Davis M D
(Address) Blackfoot Ida

15.
Filed Mch 31 1912
M E Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23 1912, to Mar 30 1912 that I last saw he alive on Mar 30 1912 and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
La Grippe + Tonsilitis

(Duration) — yrs. — mos. 10 ds.
Contributory (Secondary) Meningitis Simple
(Duration) — yrs. — mos. 8 ds.

(Signed) J B Davis M. D.
Mch 30 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grace C. Cem. Blackfoot
DATE OF BURIAL: Mch 31 1912

20. UNDERTAKER: Catherine Reese
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1604
Registered No. 3

1. PLACE OF DEATH. Registration District No. 6
County of Boise Primary Registration District No. 2026
City of ~~Vicinity of~~ Sweet (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edith Seeton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) ~~X~~

6. DATE OF BIRTH: Aug (Month) 20 (Day) 1911 (Year)

7. AGE: ..... yrs. 5 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Sweet Idaho

10. NAME OF FATHER Burwell Seeton

11. BIRTHPLACE OF FATHER (State or Country) Ottawa, Kas

12. MAIDEN NAME OF MOTHER Jessie Woods

13. BIRTHPLACE OF MOTHER (State or Country) Near Ottawa Kas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. G. Byrd M. D.
(Address) Sweet Idaho

15. Filed Jan 29 1912 A. G. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1912, to Jan 21 1912 that I last saw h.. alive on Jan 21 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Peforative peritonitis following acute Leo Colitis
..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) General marasmus
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. G. Byrd M.D.
Jan 21 1912 (Address) Sweet Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sweet Idaho
DATE OF BURIAL: Jan 23 1912

20. UNDERTAKER: Gilbert Talley
ADDRESS: Sweet Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1605
Registered No. 7

1. PLACE OF DEATH.
County of Boise
City of Quartzburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2019
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lorenzo Carver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Feb (Month) 19 (Day) 1859 (Year)
7. AGE: 52 yrs. ..... mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business or establishment in which employed (or employer): Quartz mill.
9. BIRTHPLACE (State or Country): Ohio.
10. NAME OF FATHER: Carver
11. BIRTHPLACE OF FATHER (State or Country): America.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): America
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....
15. Filed Feb 26 1912 G. G. Fitz. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 26 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ' 191 ', to ' 191 '
that I last saw h ' alive on ' 191 '
and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Mine Accident
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. G. Fitz M. D.
Feb 28 1912 (Address) Placerville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Placerville
DATE OF BURIAL: Feb 28 1912.
20. UNDERTAKER: Had none.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of Idaho City
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2019
(No. ....., ... St.)

File No. 1604
Registered No. 24

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William L Bunce

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar (Month) 29 (Day) 1888 (Year)

7. AGE: 23 yrs. 10 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Bookkeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Franklin Penn

10. NAME OF FATHER: W. D. Bunce

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Julia C. Killpatrick

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Medora Bunce
(Address) Franklin, Pa.

15.
Filed Feb 26 1912 G. G. Fitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1912 to Feb 17 1912 that I last saw h in alive on Feb 17 1912, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows;
Tuberculosis.

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G G Fitz M. D.
Feb 26 1912 (Address) Glenwood Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Franklin Penn
DATE OF BURIAL: 2/22 1912

20. UNDERTAKER: Schreiber & Siedenfaden
ADDRESS: Boise, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1607
Registered No. 85

1. PLACE OF DEATH.
County of Boise.
City of Casner Ranch Idaho City.
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2019
(No. , St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Johnnie Wood.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH do not know. 1
(Month) (Day) (Year)

7. AGE about 75 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer) Ranch hand

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER do not know.

11. BIRTHPLACE OF FATHER (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (State or Country) unknown.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Casner
(Address) Casner Ranch Boise Co., Idaho City Idaho.

15. Filed Feb 11 1912 G G Fitz. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 10 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1912, to Feb 10 1912 that I last saw h in alive on Feb 10 1912 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) G. G Fitz M. D.
Feb 11 1912 (Address) Placerville Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Casner Ranch
DATE OF BURIAL Feb 12 1912.

20. UNDERTAKER no undertaker
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of Arrowrock
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2131

File No. 1605
Registered No. 10
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alexander Goitus

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) ..... (Day) 1887 (Year)

7. AGE: 25 yrs. unknown mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Driver Man or Rigger Work about Pile drivers
(b) General nature of industry business or establishment in which employed (or employer): and derrick around Arrowrock Dam

9. BIRTHPLACE (State or Country): Spain.

10. NAME OF FATHER: Cosme Goitus

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Antolina Yturraspe

13. BIRTHPLACE OF MOTHER (State or Country): Spain.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Wm E. Shaw. Temporary Substitute
(Address) Nampa Ida R.R. #2

15.
Filed Mar 15 1912
Local Registrar per W.E.S

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 12 1912, to Mar 15 1912 that I last saw h[im] alive on Mar 15 1912, and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows: Working on Pile Driver - fell 40 ft. Communited fract. L. Leg - blow Knee - 2 in cut Angle mouth. Numerous bruises - Concussion brain, Wild Delirium Coma

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Accidental Injury - Concussion Cerebr -

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Dr Wm E Shaw Substitute for Jo H. Shaw M. D.

Mar 15 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted? Arrowrock Dam
If not at place of death? .....
Former or usual residence: Spain in U.S. about 4 or 5 yrs

19. PLACE OF BURIAL OR REMOVAL: Boise — DATE OF BURIAL: 3/18 1912

20. UNDERTAKER: Schreiber & Sidenfaden ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6
County of Boise Primary Registration District No. 2027
City of near Van Wyck (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 1610
Registered No. 9
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lodi Sahte

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 18 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: at home
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: Gus Sahte

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Johnson
(Address) Rockery

15. Filed Apr 2 1912 A. G. Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 14 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1912, to Mch 14 1912 that I last saw her alive on Mch 12 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
both Lobes Lft. Lung
(Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wallace Johnson M. D.
Mch 19 1912 (Address) Rockery, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Private grounds near Rockery — DATE OF BURIAL: Mch 17 1912

20. UNDERTAKER: friends — ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 6

Primary Registration District No. 2027

File No. 1611

County of Boise

City of Alpha (No. ....., ... St.)

Registered No. 11

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	White	Single

6. DATE OF BIRTH

3 (Month) 19 (Day) 1912 (Year)

7. AGE

..... yrs. ..... mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Alpha Ida

10. NAME OF FATHER Geo A Patterson

11. BIRTHPLACE OF FATHER (State or Country) N O

12. MAIDEN NAME OF MOTHER Anna Callander

13. BIRTHPLACE OF MOTHER (State or Country) Nef

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E Hogg C

(Address) Vanwyck, Ida

15.

Filed Apr 2 1912 A. B. Boyd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

3 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

~~3~~ 3-19 1912, to 3-19 1912

that I last saw h.. alive on 3-19 1912

and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pneumatorax Both

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C E Hogg C M. D.

19 (Address) Vanwyck

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Alpha Cem	3-22 1912
20. UNDERTAKER	ADDRESS
None	

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1612

Registered No. 11

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2124
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lucile Harris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): [redacted]

6. DATE OF BIRTH: March 4th (Month) (Day)

7. AGE: 1 yrs. 6 mos. ds. IF LESS than one day, how many ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Burley, Idaho

10. NAME OF FATHER R. L. Harris

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Cassia Forsha

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KN[redacted]GE
(Informant) R. L. Harris
(Address) Burley, Idaho

15.
Filed Apr 1 1912 L. B. Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 7th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7th 1912, to March 7th 1912 that I last saw h[redacted]er alive on March 7th 1912, and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) whooping cough

..... (Duration) ..... yrs. ..... mos. 20 ds.

(Signed) J. C. Patterson M. D.

March 8th 1912 (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Burley, Idaho
DATE OF BURIAL: March 9th 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of [redacted] Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10 2042
Primary Registration District No. 2042 10

File No. 1614
Registered No. 29
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hermann Gottfried Eckermann

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Oct (Month) 22 (Day) 1851 (Year)

7. AGE: 60 yrs. 4 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward A. Eckermann
(Address) Cottonwood Idaho

15.
Filed Mch 15 1912 G. S. Stockton per Wood Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased from ..... 191 , to ..... 191 ..... that ~~I last saw h~~ alive on ..... 191 ....., ~~and that~~ death occurred on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:
Suicide by firearms

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I Henry B Burke M. D.
Mch 15 1912 (Address) Corner of Main & Kentucky Cottonwood Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Cemetery — DATE OF BURIAL: Mch 19 1912

20. UNDERTAKER: Joseph McClaskey — ADDRESS: Cottonwood Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10 2042
Primary Registration District No. 2042 10

File No. 1615
Registered No. 28
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Norbert Hoerz

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 20 (Day) 1912 (Year)

7. AGE: ..... yrs. 9 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Juberta

10. NAME OF FATHER: John Hoerz.

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Susie Seubert

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank A. Kelsey
(Address) Cottonwood Ida

15.
Filed Feb 22 1912 G S Stockton Local Registrar
per I Bonzha

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 19th, 1912, to Mch. 20th, 1912 that I last saw h.. alive on Mch. 20th, 1912, and that death occurred on the date stated above, at 1.30a. M.

The CAUSE OF DEATH* was as follows:
Ptomaine poisoning

(Duration) — yrs. — mos. — ds. 15 hours

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Turner, M. D.
Mch. 21, 1912 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Catholic Cem. Cottonwood
DATE OF BURIAL: Mar 22 1912

20. UNDERTAKER: Joseph McClaskey
ADDRESS: Cottonwood

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Harpster
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 1616
Registered No. 27
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Rupe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 27 (Day) 1836 (Year)

7. AGE: 75 yrs. 11 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky.

10. NAME OF FATHER: [illegible] Traylor

11. BIRTHPLACE OF FATHER (State or Country): Kentucky.

12. MAIDEN NAME OF MOTHER: Francis Montgomery

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John H Brown
(Address) Harpster

15.
Filed Mch 23 1912 G. S. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1912, to March 20 1912
that I last saw h[illegible] alive on Mch 15 1912,
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

Contributory (Secondary): measles

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stockton M. D.
Mch 22 1912 (Address) Grangeville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harpster
DATE OF BURIAL: Mar 22 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of ---Idaho-
City of Grangeville.,
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

File No. 1617
Registered No. 26
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Hunt Bradbury.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male.	White.	

6. DATE OF BIRTH
March--- 4th day- 1911.
(Month) (Day) (Year)

7. AGE
yrs. 11 mos. 28- ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work (a Baby)
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Grangeville, Idaho Co. Idaho

10. NAME OF FATHER Jerome A. Bradbury.

11. BIRTHPLACE OF FATHER (State or Country) State of Maine.

12. MAIDEN NAME OF MOTHER Stella Zonona Hattabaugh.

13. BIRTHPLACE OF MOTHER (State or Country) Lewiston, Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Reese Hattabaugh.
(Address) Grangeville, Idaho Co. Ida

15.
Filed March 3 1912 G. S. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March---2nd day- 1912. 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1912, to March 2 1912
that I last saw h[illegible] alive on March 2 1912,
and that death occurred on the date stated above, at 2-a, M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(Duration) — yrs. — mos. 14 ds.
Contributory (Secondary) Whooping Cough

(Duration) yrs. 2 mos. — ds.
(Signed) G. S. Stockton M. D.
March 3 1912 (Address) Grangeville Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Prairie View	March 3 1912

20. UNDERTAKER	ADDRESS
W E Graham	Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 1618
Registered No. 23

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Helma Laura Earp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: August (Month) 1st (Day) 1911 (Year)

7. AGE: ..... yrs. 7 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer): X

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: J. J. Earp

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Nellie Harris

13. BIRTHPLACE OF MOTHER (State or Country): Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Earp
(Address) Grangeville

15. Filed March 13 1912 G. S. Stevens Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3 1912, to March 4 1912 that I last saw her alive on March 4 1912, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Spinal Meningitis complicating Whooping Cough.

— (Duration) — yrs. — mos. 12 ds.
Contributory (Secondary) Meningitis
(Duration) — yrs. — mos. 2 ds.

(Signed) C. N. Stinson M. D.
March 13 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [redacted] Id. | DATE OF BURIAL: 3 — 5 1912

20. UNDERTAKER: W. E. Graham | ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1619

Registered No. 24

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Idaho

City of Grangeville

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10

Primary Registration District No. 2044

(No. ....., ... St.)

2. FULL NAME Cora Blanch Casanch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 29 1887 (Month) (Day) (Year)

7. AGE: 25 yrs. 2 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: George McCammon

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Melinda McAmmon

13. BIRTHPLACE OF MOTHER (State or Country): Col

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. P. McCammon
(Address) Harpster

15.
Filed Mch 13 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 5 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 19 1912, to March 5 1912, that I last saw her alive on March 5 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Insanity

..... (Duration) — yrs. — mos. 14 ds.

Contributory (Secondary): Pregnancy

— (Duration) — 8 yrs. — mos. 21 ds.

(Signed) O W Skeen M. D.

March 6 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. .....

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Harpster — DATE OF BURIAL: 3-7 191

20. UNDERTAKER: W C Graham — ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Bingham Primary Registration District No. 2044
City of Harpster (No. ..... St.)
File No. 1620
Registered No. 23
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
2. FULL NAME J W Woodin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced Known

6. DATE OF BIRTH: March (Month) 4 (Day) 1844 (Year)

7. AGE: 68 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Minister
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ind

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ira S Cook
(Address) Harpster

15.
Filed Mch 13 1912 G. B. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1912, to Mar. 4th 1912 that I last saw h[illegible] alive on Jan 3 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular disease of heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. S Busey M. D.
Mar 5 1912 (Address) Cottonwood, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harpster
DATE OF BURIAL: Mar 6 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1621
Registered No. 22

1. PLACE OF DEATH.
County of Cassia
City of Stites
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Henry Gribble

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Jan (Month) 30 (Day) 1853 (Year)

7. AGE: 59 yrs. - mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Georgia

10. NAME OF FATHER: John W Gribble

11. BIRTHPLACE OF FATHER (State or Country): North Carlina

12. MAIDEN NAME OF MOTHER: Matilda McClure

13. BIRTHPLACE OF MOTHER (State or Country): Georgia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Gribble
(Address) Stites Idaho

15. Filed Feb 6 1912 Gustave E Snyder Sub-Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Was dead when I arrived, history of case denotes Apoplexy!
(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gustave E Snyder M. D.
Feb 6 1912 (Address) Stites Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted,
If not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Pell Cemetery
DATE OF BURIAL: Feb 7 1912

20. UNDERTAKER: None
ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

YMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1623

Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Idaho

City of Kooskia

Registration District No. 10

Primary Registration District No. 2101

(No. ....., ... St.)

2. FULL NAME Capt. Thomas Bullock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Jan (Month) 15 (Day) 1840 (Year)

7. AGE: 71 yrs. ..... mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Sea Captain
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn Waldo Co Maine

10. NAME OF FATHER: Levy Bullock

11. BIRTHPLACE OF FATHER (State or Country): Waldo Co Maine

12. MAIDEN NAME OF MOTHER: Caroline Duncan

13. BIRTHPLACE OF MOTHER (State or Country): Waldo Co Maine

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C F Rockhill
(Address) Kooskia Ida

15. Filed Mch 13 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1911, to July 1912, that I last saw him alive on January 5 1912, and that death occurred on the date stated above, at 9:00 A.M.

The CAUSE OF DEATH* was as follows:

Heart Failure due to Senile Debility

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A F Hohlenberg M. D.

July 6 1912 (Address) Kooskia Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kooskia Cemetary — DATE OF BURIAL: Feb 7 1912

20. UNDERTAKER: M L Bridgham — ADDRESS: Kooskia Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Stites

Registration District No. 10
Primary Registration District No. 2101
(No. ....., ... St.)

File No. 1623
Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed Divorced

6. DATE OF BIRTH: Don't Know (Month) (Day) 1 (Year)

7. AGE: Don't Know yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Don't Know

10. NAME OF FATHER: Charlie Benson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Benson
(Address) Spirit Lake Idaho

15. Filed Feb 28 1912 Hamilton E Snyder Sub — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h— alive on ..... 191.....,
and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:
Heart Failure
Coroners Verdict
(Found dead)
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H E Snyder. Called and found her dead Stites, M. D.
Feb 27 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Stites Idaho — DATE OF BURIAL: Feb 29 1912

20. UNDERTAKER: M. S. Bridgham — ADDRESS: Kooskia Idaho

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10[redacted]1.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF D[redacted]
County of Idah[redacted]
City of Koos[redacted]
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101
(No. ....., ... St.)

File No. 1624
Registered No. 19
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 1 (Day) 1846 (Year)

7. AGE: 66 yrs. 1 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Warrenton - Missouri

10. NAME OF FATHER: Greenberry Johnson

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Martha Smith

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Pursley
(Address) Kooskia Idaho

15.
Filed Mch 13 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912, to Feb 23 1912
that I last saw him alive on Feb 23 1912
and that death occurred on the date stated above, at 9 10 a M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis and
Cerebro Sclerosis

(Duration) 15 yrs. mos. ds.
Contributory (Secondary) Uraemia
(Duration) yrs. mos. 10 ds.

(Signed) Jno. Verbrookmoore M. D.
Feb 24 1912 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kooskia Idaho
DATE OF BURIAL: Feb. 25 1912

20. UNDERTAKER: Jno L. Bridgham
ADDRESS: Kooskia Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

YMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration [redacted] No. 24

County of Bear Lake Primary Registration District No. 2099

City of Dingle (No. ....., ... St.)

File No. 1625

Registered No. 9

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edith Dingle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Oct (Month) 20 (Day) 1877 (Year)

7. AGE: 34 yrs. ..... mos. 5 ds. 8 IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Dingle Idaho

10. NAME OF FATHER: Joseph Lewis

11. BIRTHPLACE OF FATHER (State or Country): Bristol England

12. MAIDEN NAME OF MOTHER: Mary A Vale

13. BIRTHPLACE OF MOTHER (State or Country): Fort Herriman Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Lewis Sr
(Address) Dingle Ida

15. Filed April 2 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27 1912, to March 28 1912 that I last saw h.. alive on May 28 1912 and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [redacted] M. D.

March 29 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Humphreys	March 31 1912

20. UNDERTAKER	ADDRESS
Humpherys	Dingle

[redacted] 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2d
Primary Registration District No. 2098.
(No. ....., ... St.)

File No. 1626
Registered No. 87

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John H Engmeyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH March 21 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Montpelier

10. NAME OF FATHER Simon Engmeier

11. BIRTHPLACE OF FATHER (State or Country) Germany.

12. MAIDEN NAME OF MOTHER Iraca Adreyer

13. BIRTHPLACE OF MOTHER (State or Country) Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Simon Engmeier
(Address) Montpelier

15. Filed Mar 29 1912 J M Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar 21 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 21 1912, to Mar 21 1912
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at 4:30 M.
The CAUSE OF DEATH* was as follows: Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Fred F Cubley M. D.
Mar 22 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Montpelier
DATE OF BURIAL 3-22 1912

20. UNDERTAKER None
ADDRESS —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 162
Registered No. 10

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2098
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Dyer Sellers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 2nd (Month) (Day) 1899 (Year)

7. AGE: 10 yrs. 1 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montpelier, Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country): Bedford County Ky.

12. MAIDEN NAME OF MOTHER: Nellie S. Jones

13. BIRTHPLACE OF MOTHER (State or Country): Montpelier, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas L. Sellers
(Address) Montpelier Ida

15. Filed Mar 30 1912 J. H. Hayward

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 3 1912, to Mch 24 1912, that I last saw h[illegible] alive on Mch 24 1912 and that death occurred on the date stated above, at 10 a M.

The CAUSE OF DEATH* was as follows:
Organic Heart-Trouble
(Chronic Mitral Regurgitation)

..... (Duration) 4 yrs. 3 mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Poynter M. D.
3-25-1912 (Address) Montpelier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 13 yrs. 1 mos. 22 ds. In the State 17 yrs. 1 mos. 22 ds.
Where was disease contracted, if not at place of death?
Former or usual residence: Montpelier Idaho

19. PLACE OF BURIAL OR REMOVAL: Montpelier
DATE OF BURIAL: 3-27 1912

20. UNDERTAKER: Jos. Fuller
ADDRESS: Montpelier

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1628
Registered No. 6

1. PLACE OF DEATH
County of Bear Lake
City of Ovid

Registration District No. 24
Primary Registration District No. 2094
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martina Christina Sorensen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: Sept (Month) 10 (Day) 1830 (Year)

7. AGE: 81 yrs. 6 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Martin Martinsen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Hayward
(Address) Paris Idaho

15. Filed March 11 1912 J. M. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1912, to Mar 9 1912, that I last saw h.er alive on Mar 9 1912 and that death occurred on the date stated above, at 12.01 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 1 yrs. 6 mos. ..... ds.

Contributory (Secondary) old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Hayward M. D.

Mar 11 1912 (Address) Paris Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ovid Idaho
DATE OF BURIAL: Mar 13 1912

20. UNDERTAKER: none
ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1629
Registered No. 21

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2093
City of Paris (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ~~Mrs~~ Morgan Bradley B Rich

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S

6. DATE OF BIRTH: Feb 24 ch 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho U. S. A.

10. NAME OF FATHER: Morgan J. Rich

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Sarah E. Bradley

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Morgan J. Rich
(Address) Paris Idaho

15.
Filed Mar 9 1912 J. M. Hay [redacted]
Local Re[redacted]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1912, to Feb 27 1912
that I last saw h~~im~~alive on Feb 27 1912
and that death occurred on the date stated above, at 7A M.
The CAUSE OF DEATH* was as follows:
Cause not known

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Still
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo F Cowley M. D.
Feb 27 1912 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paris Ida — DATE OF BURIAL: Feb 28 1912

20. UNDERTAKER: None — ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1630
Registered No. 4

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier (No. ..... St.)

Registration District No. 24
Primary Registration District No. 2092

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Roland Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January 12th (Month) (Day) 1905 (Year)

7. AGE: 7 yrs. 1 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Paris Idaho

10. NAME OF FATHER: Thomas H. Williams

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Lizzette Cn-Bum

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas H. Williams
(Address) Paris Idaho

15. Filed Mar 11 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1912, to March 7 1912
that I last saw h[illegible] alive on March 7 1912
and that death occurred on the date stated above, at 11:15 P. M.
The CAUSE OF DEATH* was as follows:
Appendicitis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] F. Dudley M. D.
March 9 1912 (Address) Paris

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paris Idaho
DATE OF BURIAL: March 12 1912

20. UNDERTAKER: None
ADDRESS: —

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1631

Registered No. 5

1. PLACE OF DEATH
County of Bear Lake
City of Paris Ida

Registration District No. 24
Primary Registration District No. 2092
(No.) St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew Beck.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May 29th, 1823
(Month) (Day) (Year)

7. AGE: 88 yrs. 9 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter, & Farmer----
(b) General nature of industry business or establishment in which employed (or employer): Both------x

9. BIRTHPLACE (State or Country): Copenhagen, Denmark.

10. NAME OF FATHER: Herman Beck,

11. BIRTHPLACE OF FATHER (State or Country): Bornholm Denmark

12. MAIDEN NAME OF MOTHER: Anne Christine Due

13. BIRTHPLACE OF MOTHER (State or Country): Bornholm, Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. L. Beck
(Address) Paris Idaho.

15.
Filed Mar 12 1912 J. W. Hayward
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 7 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5 1912, to Mar 7 1912
that I last saw h-- alive on Mar 6. 1912
and that death occurred on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) 2 yrs. mos. 4 ds.
Contributory (Secondary) Old age
(Duration) yrs. mos. ds.
(Signed) Geo. Corbett M. D.
Mar 9 1912 (Address) Paris Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Paris Ida
DATE OF BURIAL: Mar 9 1912

20. UNDERTAKER
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2091
City of Bloomington (No. ....., ... St.)
File No. 1632
Registered No. [redacted] 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wayne Dunford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 30 (Day) 1911 (Year)

7. AGE: ..... yrs. 1 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: [redacted]
(b) General nature of industry business or establishment in which employed (or employer): [redacted]

9. BIRTHPLACE (State or Country): Bear Lake, Idaho

10. NAME OF FATHER: Parley Dunford

11. BIRTHPLACE OF FATHER (State or Country): St Louis Mo.

12. MAIDEN NAME OF MOTHER: Mary Jacobson

13. BIRTHPLACE OF MOTHER (State or Country): Bear Lake Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Parley Dunford
(Address) Bloomington Idaho,

15. Filed Mar. 30 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 25-26 1912, to Feb. 26 1912 that I last saw him alive on Feb. 25 1912 and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. three ds.

Contributory (Secondary) premature 2 months

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. F. Ashley M. D.

Feb 27 1912 (Address) Paris, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bloomington — DATE OF BURIAL: Feb 27 1912

20. UNDERTAKER: None — ADDRESS: [redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Bloomington
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2091
(No. ....., ... St.)

File No. 1633
Registered No. 2

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Greenhalgh

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1869 (Year)

7. AGE: 42 yrs. 4 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: J. C. Thomas

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Tina Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Greenhalgh
(Address) Bloomington

15.
Filed March 9 1912 J. W. Haywood
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1912, to Mar 8 1912
that I last saw her alive on Mar. 8 1912
and that death occurred on the date stated above, at 11.30 a M.

The CAUSE OF DEATH* was as follows:
Shock following delivery
Complicated by Placenta
Previa
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) General weakness
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Haywood M. D.
March 9 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bloomington
DATE OF BURIAL: Mar. 12 1912

20. UNDERTAKER: Alma Fordley
ADDRESS: Bloomington
Bishop

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1631
Registered No. 8

1. PLACE OF DEATH
County of Bear Lake
City of Bloomington (No. ....., ... St.)
Registration District No. 24
Primary Registration District No. 2094

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Wilkes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: March (Month) 30 (Day) 1879 (Year)
7. AGE: 32 yrs. 6 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Fred Wilkes
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Mary Bull
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John L Wilkes
(Address) Bloomington Ida
15.
Filed Apr 2 1912 J M Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 31 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 16 1912, to March 31 1912
that I last saw him alive on March 29 1912
and that death occurred on the date stated above, at 2:15 P.M.
The CAUSE OF DEATH* was as follows:
Acute Dilatation of heart
Died very suddenly only ill about 5 minutes
..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) Only 16 days before surg. operation for appendicitis & hernia
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Hayward M. D.
Apr 2 1912 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bloomington Ida
DATE OF BURIAL: Apr. 3 1912
20. UNDERTAKER: Alma Findley
ADDRESS: Bloomington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Paris

Registration District No. 24
Primary Registration District No. 2091
(No. ....., ... St.)

File No. 163
Registered No. 3

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Still Born

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar 8 (Month) 8 (Day) 12 (Year)

7. AGE: ____ yrs. ____ mos. ____ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Bloomington

10. NAME OF FATHER: Frank Greenhalgh

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Francis Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Hayward
(Address) Paris Ida

15.
Filed Mar 9 1912 J. W. Hayward
Local Re

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1912, to Mar 8 1912
that I last saw h[illegible] alive on ..... 191....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Premature Birth Loss of Blood

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Hayward M. D.
Mar 9 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bloomington
DATE OF BURIAL: Mar 2 1912

20. UNDERTAKER: Alma Tuddle
ADDRESS: Bloomington

Bishop

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 1007
File No. 1636
Registered No. 54

1. PLACE OF DEATH.
County of Ada
~~City of~~ Barberton
(No. Barberton Ada Co St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cyrille van Paepeghem

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE
yrs. mos. 1 ds.
IF LESS than 1 day how many 11 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ada county Idaho

10. NAME OF FATHER: Benoit van Paepeghem

11. BIRTHPLACE OF FATHER (State or Country): Belgium

12. MAIDEN NAME OF MOTHER: Josette van Beveren

13. BIRTHPLACE OF MOTHER (State or Country): Belgium

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Benoit van Paepeghem
(Address) .....

15. Filed 3/8 191 2 [redacted] Local

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
3 (Month) 7 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Premature birth without a doctor in attendance

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [redacted] M. D.
19... (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: March 8 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 10672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1604
(No. Near Maple Grove School)

File No. 1637
Registered No. 55

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Nathaniel Olson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable 1
(Month) (Day) (Year)

7. AGE: 44 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Mr. Olson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Mrs. Olson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Coffin
(Address) Ada County, Idaho

15. Filed 3/9/12 191 — M. H. Hill Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 7th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw him alive on Feby 25 1912,
and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) James L Elwood M. D.
Mch 8 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/10 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 163
Registered No. 36

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 1004
(No. 1111 Boise River St.)

2. FULL NAME Mary Eastman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 10 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many — hrs. or 20 min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: Fred Eastman

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Ida Heath

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Eastman.
(Address)

15. Filed 3/10 1912 W. E. Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 10 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 — 1912, to March 10 — 1912 that I last saw her alive on March 10 — 1912, and that death occurred on the date stated above, at 2:15 a. M.

The CAUSE OF DEATH* was as follows:
Immaturity — Premature birth

(Duration) — yrs. — mos. 20 minutes ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) M. Allen Calloway M. D.
3-10 1912 (Address) 820 ½ Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/10 1912

20. UNDERTAKER: Schreiber & Sid[illegible] — ADDRESS: Boise

Calloway.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of South Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. South Boise St.)

File No. 1639
Registered No. 70
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frederick Struse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not obtainable (Month) 1 (Day) (Year)

7. AGE: 71 yrs. ——— mos. ——— ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: Mr Struse

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs G. Valle
(Address) South Boise

15. Filed 3/23/12 191 — M E Kostlin — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 20 or 21st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ was found dead in bed that I last saw h alive on March 3/21 1912, and that death occurred ~~on the date stated above at~~ in the night March 20 21

The CAUSE OF DEATH* was as follows:
Pneumonia according to statement of Doctor who attended deceased 10 Days (Duration) 70 yrs Hrs of death

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M. D.
19 (Address) Coroner of Ada Co Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/24 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1640

Registered No. 77

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. Boise River ~~Str.~~)

2. FULL NAME Geo W Burns

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: not obtainable (Month) 1 (Day) (Year)

7. AGE: about 40 Years ... yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): not obtainable

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Schreiber
(Address) Boise

15. Filed 3/30/12 191 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: About Jan 15 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ..... 191..., to found 191...
~~that I last saw h... alive on ... 191...~~,
and that death occurred ~~on the date stated above, at~~ ... M.
The CAUSE OF DEATH* was as follows: Drowning in
Boise River found
March 26 ± 1912
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) near Idaho Soldiers Home Ada Co
(Duration) ... yrs. ... mos. ... ds.
(Signed) Adolph A Schreiber ~~M D~~ Coroner
19... (Address) ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: Same

19. PLACE OF BURIAL OR REMOVAL: Evansville Wis
DATE OF ~~BURIAL~~: March 28 1912

20. UNDERTAKER: Schreiber & Liedenfrost
ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 410, State St.) File No. 1641
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Mary Josephine Olsen Registered No. 72
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar (Month) 14th (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise Idaho.

10. NAME OF FATHER: Olaf Olsen

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Clara M Noel

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C J Olsen
(Address) Boise Idaho.

15. Filed 3/25 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 14 1912, to Mar 25th 1912 that I last saw her alive on Mar 25th 1912, and that death occurred on the date stated above, at 3. A. M.

The CAUSE OF DEATH* was as follows:
Ictherus Neotariensis
..... (Duration) — yrs. — mos. 11 ds.
Contributory (Secondary) ——
— (Duration) — yrs. — mos. — ds.

(Signed) F. A. Pittenger M. D.
..... 19..... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place — In the State Hospitals
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos 11 ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence 27 & Fairview Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/26 1912

20. UNDERTAKER: Schreiber & Eidenfaden — ADDRESS: Boise Ida

Dr. Pittenger

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. Capital Ground St.)

File No. 1642
Registered No. 76
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME L. H. Vilhauer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not obtainable
(Month) (Day) (Year)

7. AGE: about 40 Yrs. ... yrs. ... mos. ... ds.
IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Salesman
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Riley Cole
(Address) Boise

15. Filed 3/28/12 191... W. E. Pettee
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 25 or 26 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ~~101~~ ~~to~~ found dead in bed on 26 - 1912 ~~101~~, ~~that I last saw him alive on~~ ~~and that death occurred on the date stated above, at~~ ~~M.~~

The CAUSE OF DEATH* was as follows:
Gun shot wound
Suicide
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Adolph Schreiber M. D.
19... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds
In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 3/29 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1643
Registered No. 60

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1114, River St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Albert Rigdon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: April (Month) 4 (Day) 1848 (Year)

7. AGE: 43 yrs. 11 mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF FATHER: Steven Rigdon

11. BIRTHPLACE OF FATHER (State or Country): Ky.

12. MAIDEN NAME OF MOTHER: Mrs Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J Rigdon
(Address) Nampa

15. Filed 3/12/12 191 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/10 1912, to 3/10 1912 that I last saw h[im] alive on 3/10 1912., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ellis Quinn M. D.
3/12 1912 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: March 13 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of ____ Primary Registration District No. 1004
City of ____ (No. ____, ____ St.)
File No. 1644
Registered No. 57
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME William M Breen
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 15th (Day) 1872 (Year)

7. AGE: 40 yrs. ____ mos. ____ ds.
IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Lafayette

10. NAME OF FATHER: Patrick Breen

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Elizabeth Harris

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Breen
(Address) Boise Ida

15. Filed 3/11/12 191 W. H. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1912 to ____ 191____
that I last saw h deceased on March 191____,
and that death occurred on the date stated above, at ____ M.
The CAUSE OF DEATH* was as follows;
Endocarditis
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory (Secondary) Rheumatism
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) W. H. Miller M. D.
March 11 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was Disease contracted, if not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/13 1912

20. UNDERTAKER: Schreiber & Hildenbrand — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH — Registration District No. 2 — Primary Registration District No. 1081 — File No. 1845

County of Ada — City of Boise — No. 1 — Ward — Street — (If in a hospital, institution or other place, give its name instead of street and number) — Registered No. 138

FULL NAME Alice Smith Wiltz Dickinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Sept (Month) 18 (Day) 1844 (Year)
7. AGE: 67 yrs. 5 mos. 15 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Marion Co. Ohio
10. NAME OF FATHER: Christopher Wiltz
11. BIRTHPLACE OF FATHER (State or Country): Pa.
12. MAIDEN NAME OF MOTHER: Lydia Knisley
13. BIRTHPLACE OF MOTHER (State or Country): Pa.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Alice Dickinson
(Address): 824 Fort St.
15. Filed 3/4 1912 — R. E. Wilcox, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 3 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1911, to Mar 3 1912, that I last saw h[illegible] alive on Mar 3 1912, and that death occurred on the date stated above, at 9:10 P.M.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis
(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary): Degeneration heart
(Duration) 1 yrs. — mos. — ds.
(Signed) R. E. Wilcox M. D.
3/4 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cem. — DATE OF BURIAL: Mar 5 1912
20. UNDERTAKER: Gray & Summers — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY in all cases. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Attention is called to the importance of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

Primary Registration District No. 1004

File No. 1646

County of Ada

City of Boise (No. 1105, W. Bannock St.)

Registered No. 80

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lazare Weil

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 31st (Day) 1849 (Year)

7. AGE: 62 yrs. 11 mos. 28 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cigar Merchant
(b) General nature of industry, business, or dstablishment in which employed (or employer): 722 Main St. Boise,

9. BIRTHPLACE (State or Country): Strassburg Germany

10. NAME OF FATHER: L. Weil

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Weil

(Address) Boise, Idaho.

15. Filed 3/30 1912 W. E. Pettit Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1912, to March 28 1912 that I last saw h alive on 191, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos Collister M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence. 1105 W. Bannock. Boise

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: 3/31 1912

20. UNDERTAKER: Schreiber & Bidenfaden — ADDRESS: Boise, Idaho

SYMS - YORK CO. PTRS. & BDRS. 19760

Dr. Collister

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1647
Registered No. 79

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 402, W. Jeff St.)

2. FULL NAME Mary Teresa Gullifordt

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May 17 (Month) 2nd (Day) 1855 (Year)

7. AGE: 56 yrs. 10 mos. 26 ds.
IF LESS than 1 day how many .....hr. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oensbach Germany

10. NAME OF FATHER: Michael Spengler

11. BIRTHPLACE OF FATHER (State or Country): Oensbach Germany

12. MAIDEN NAME OF MOTHER: Mary Weber

13. BIRTHPLACE OF MOTHER (State or Country): Oensbach Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leo W. Spengler
(Address) Boise Idaho

15. Filed March 29 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1912, to Mch 28 1912, that I last saw her alive on Mch 28 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma (scirrhous) both breast

(Duration) 8 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Cuelis M. D.

Mch 29 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 402 W. Jefferson, Boise.

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: 3/31 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise. Idaho.

BVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1649
Registered No. 15

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 249, W. Springs ave St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry G. Williams Jr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 24 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: Henry G. Williams

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary A Ellsworth

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mary A Williams
(Address): Mountain Home

15. Filed 3/26 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24 1912, to March 25 1912, that I last saw him alive on March 25 1912, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:
Premature birth
(7 months)

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Clarke M. D.
March 25 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery Ada County Plat
DATE OF BURIAL: 3/27 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. [redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1651
Registered No. 73

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 620, Main St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME John Boles
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not obtainable 1912 (Month) (Day) (Year)

7. AGE: About 34 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois.

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adolph Schreiber
(Address) Boise

15. Filed 3/25/12 1912 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 22 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Springer M. D.
March 26 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

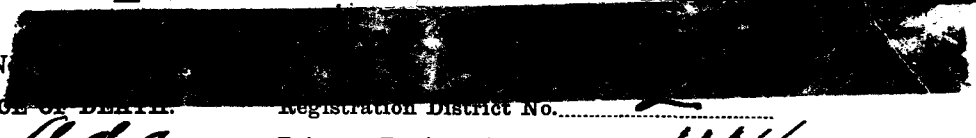
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or
usual residence.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/25 1912
20. UNDERTAKER: Schreiber & Hedquesden — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Springer



Form V. S. N[redacted] State of Idaho
1. PLACE OF DEATH. Registration District No. [redacted] D OF HEALTH
County of Ada Primary Registration District No. 1104 of Vital Statistics
City of Boise (No. 17½ and Boise Ave. St.) File No. 165
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Baby White no name Registered No. 71
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: March 21 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 1 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: Ed White

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Ella Packer

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ella Packer
(Address) Boise Idaho

15. Filed 3/23/12 191... W. E. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 22 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 21 1912, to Mar 22 1912 that I last saw h[illegible] alive on Mar 22 1912, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Marasmus
(Premature birth)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ralph Paul M. D.
3/12 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/23 1912

20. UNDERTAKER: Chandler & Anderson — ADDRESS: Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

File No. 165
Registered No. 69
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Levitt Peabody

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November (Month) 7 (Day) 1861 (Year)

7. AGE: 51 yrs. 7 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Samuel Peabody

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Phoebe

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. L. Peabody
(Address) Boise Idaho R. D. 7 4

15. Filed 3/22/12 191 W. E. Phillips Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1912, to March 21 1912, that I last saw him alive on March 21 1912, and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Nephritis Acute
(Duration) unknown yrs. mos. ds.
Contributory (Secondary) America
(Duration) [illegible] yrs. mos. 1 ds.
(Signed) W. F. Lucky M. D.
March 21 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/22 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

Funeral.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1002
Primary Registration District No. 1004
File No. 1654
Registered No. 68

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 410, State St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Grace I. Wallis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr. (Month) 17 (Day) 1893 (Year)

7. AGE: 18 yrs. 11 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: W. E. Young

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Mrs Cook.

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Wallis
(Address) Vale, Oregon

15. Filed 3/21 1912 W. E. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 18 1912, to Mch 19 1912, that I last saw her alive on Mch 19 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wallis M. D.
Mch 21 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence St. Johns, Ore.

19. PLACE OF BURIAL OR REMOVAL: Schreiber & Sidenfaden St. Johns Cem. DATE OF BURIAL: 3/22 1912

20. UNDERTAKER: Schreiber & Sidenfaden ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. [redacted] CERT[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLA[redacted] Registration District No. [redacted]

County of Ada — Primary Registration District No. 1004

City of Boise — (No. 112, E. Bannock St.)

File No. 165

Registered No. 67

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ferdinant Jaurnig

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1822 (Year)

7. AGE: 80 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: A. Jaurnig

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Miss Wyatt
(Address): St Lukes Hospt

15. Filed 3/19/12 191[redacted] M E Hobbs
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912, to Mar. 18th 1912, that I last saw h[redacted] in alive on Mar. 18th 1912, and that death occurred on the date stated above, at 1. P. M.

The CAUSE OF DEATH* was as follows:
Senility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. C. Strawhan, M. D.

Mar. 19, 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place St Lukes Hosp In the Boise
of death ..... yrs. 6 mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence. Ada County Poor Farm

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery, County Plat 7
DATE OF BURIAL: 3/20 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

E. C. Strawhan

Form V. [redacted]

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1651
Registered No. 66

1. PLACE OF DEATH. Registration District No. 2
County of Ada, Primary Registration District No. 1804
City of Boise (No. 1920, State St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Nancy L Ross

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 24th (Day) 1842 (Year)

7. AGE: 69 yrs. 6 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Samuel Heingman

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Nancy Burns

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. E. Ross
(Address) 1920 State

15. Filed 3/19/12 191 W. E. Hollis Local Registrar

Dr. Tuthill

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 26 1912, to March 18 1912 that I last saw her alive on March 18 1912, and that death occurred on the date stated above, at 1. A. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 20 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. W. Tuthill M. D.

March 19 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/20 1912

20. UNDERTAKER: Schreiber & Siebenfaden — ADDRESS: Boise Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted] CERTIFICATE OF DEATH

Form V. S. No. 5. 10M.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1064
City of Boise (No. 1710 N. 12 — St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 165
Registered No. 63

2. FULL NAME Melvin Talbot

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 1 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None (infant)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: J. F. Talbot

11. BIRTHPLACE OF FATHER (State or Country): London

12. MAIDEN NAME OF MOTHER: Eva G. Atwood

13. BIRTHPLACE OF MOTHER (State or Country): Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Talbot
(Address)

15. Filed 3/19/12 191 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 19 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1912, to March 19 1912 that I last saw him alive on March 19 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobular-Broncho)

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Bach M. D.

March 19 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: March 20 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 15th & Jeff. Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1658

Registered No. 64

1. PLACE OF DEATH.
County of Ada
City of Boise
Registration District No. 2
Primary Registration District No. 1004
(No. 1420 Grande Ave St.)

If death occurs away from usual residence; give facts called for under special information.

2. FULL NAME Robert Arthur Fellows.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 18 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. None dys. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: James H. Fellows

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Bertha R. Dilfill

13. BIRTHPLACE OF MOTHER (State or Country): Kansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Fellows
(Address) 1420 Grande Ave

15.
Filed 3/19/12 191
W. E. Hoffbuhler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/18 1912, to 3/18 1912
that I last saw him alive on 3/18 1912,
and that death occurred on the date stated above, at 7 30 A. M.

The CAUSE OF DEATH* was as follows: Premature birth

(Duration) ..... yrs. ..... mos. 8 hrs. ds.

Contributory (Secondary) ..... (Duration) — yrs. ..... mos. ..... ds.

(Signed) Attorney M. D.
3/19 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemtry — DATE OF BURIAL: March 19 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 75 & Jeff. Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5. 10 M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1653

Registered No. 62

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 620½ Main St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lee Jane

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Yellow

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable (Month) (Day) (Year)

7. AGE: 35 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry business, or establishment in which employed (or employer): Hand

9. BIRTHPLACE (State or Country): China

10. NAME OF FATHER: Lee Lock

11. BIRTHPLACE OF FATHER (State or Country): China

12. MAIDEN NAME OF MOTHER: Lem Le

13. BIRTHPLACE OF MOTHER (State or Country): China

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Le Lem

(Address) Boise

15.

Filed 3/13 1912 W. E. Hall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch 12 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912, to Mch 9 1912 that I last saw h[illegible] alive on Mch 9 1912 and that death occurred on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

(Duration) 1 yrs. mos. ds

Contributory (Secondary)

(Duration) yrs. mos. ds

(Signed) James L Stewart M. D

Mch 13 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery County Plot

DATE OF BURIAL: 3/12 1912

20. UNDERTAKER: Schreiber & Sidenfaden

ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1660

Registered No. 61

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1884

County of Ada

City of Boise (No. 410, State St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo. M. Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 26 (Day) 1845 (Year)

7. AGE: 77 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF FATHER: W. B. Allen

11. BIRTHPLACE OF FATHER (State or Country): Ky.

12. MAIDEN NAME OF MOTHER: America Adams

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jessie Marshall
(Address) Boise

15.
Filed 3/13 1912
W. E. Hoskins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29 1912 to 3/12 1912 that I last saw h.. alive on 3/12 1912, and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:
Tick Fever (Spotted Fever)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred. A Tilley M. D.
3/ 19 12 (Address) Natl Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 3/14 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1661

Registered No. 59

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 410, [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Boone

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Mar (Month) 11 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many 3 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boise, Idaho.

10. NAME OF FATHER L. Boone

11. BIRTHPLACE OF FATHER (State or Country) American

12. MAIDEN NAME OF MOTHER Nora E. Hardy.

13. BIRTHPLACE OF MOTHER (State or Country) American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Boone

(Address) Boise, Idaho.

15. Filed 3/12/12 191 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1912, to ..... 191...
that I last saw her alive on March 11 1912,
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth 6½ mos. Child lived only 3 hours

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. D. McCalla M. D.

Mar 11 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: March 13 1912

20. UNDERTAKER: Schreiber & Hidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1662

Registered No. 58

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

(No. St Lukes Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alex P. Wilson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan (Month) 9 (Day) 1869 (Year)

7. AGE: 43 yrs. 2 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate & Insurance
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Henry G. Wilson

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Lidia Burright

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Alex P. Wilson

(Address) 1419 Washington Ave

15. Filed 3/11 191 2 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch (Month) 10 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 191 1, to Mch 10 191 2 that I last saw h[illegible] alive on Mch 10 191 2, and that death occurred on the date stated above, at 9 a M.

The CAUSE OF DEATH* was as follows:

Bubonic abscess

Bubonic c,

(Duration) yrs. 10 mos. ds.

Contributory (Secondary) Appendicitis ap 1911

(Duration) yrs. mos. ds.

(Signed) James L Church M. D.

March 11 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Mch 12 191 2

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1664

Registered No. 52

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1004
(No. 112 E. Bannock St.)

2. FULL NAME Rachel M Savage

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 29 (Day) 1880 (Year)

7. AGE: 32 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Salt Lake City Idaho

10. NAME OF FATHER: Alex Pringle

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Mrs A. Pringle

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A F Savage
(Address) Boise, Idaho

15.
Filed 3/4 191 2 M E Kopplin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 4 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 4 191 2, to Mch 4 191 2 that I last saw h er alive on Mch 4 191 2, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary): Miscarriage

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C W Clews M. D.

Mch 4 1912 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Luke Hospital
of death ..... yrs ..... mos ..... ds State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death?
Former or usual residence 1303 Washington, Boise.

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City
DATE OF BURIAL: 3/5 191 2

20. UNDERTAKER: Pierce & Bidenbach
ADDRESS: Boise, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form C. S. No. 10M 6-10

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH — Registration District No. 2

County of Ada — Primary Registration District No. 1824 — File No. 1665

City of Boise (No. 808 Eastman St.) — Registered No. 51

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Samuel E Evensizer

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 3 (Day) 1826 (Year)

7. AGE: 84 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business or establishment which employed (or employ...

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Benjaman Evensizer

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Elizabeth Staufle

13. BIRTHPLACE OF MOTHER (State or Country): Penn Staufle

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S E Evensizer

(Address) 808 Eastman St

15. Filed 3/4/12 — [illegible] — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 21 1912, to March 3 1912 that I last saw h[illegible] alive on March 2 1912 and that death occurred on the date stated above, at 3 P.M

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

c

(Duration) — yrs. — mos. — ds

Contributory (Secondary) Diarrhoea Acute

(Duration) — yrs. — mos. 14 ds

(Signed) W F Tukey M. D

March 4 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cem — DATE OF BURIAL: Mar 4 1912

20. UNDERTAKER: Gray Summers — ADDRESS: Boise

SYMS-YORK CO., PRINTERS & BINDERS, BOISE, IDAHO

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1084
(No. ....., ... St.)

File No. 1666
Registered No. 2
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Verne Robert Tuffey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: ~~Feb~~ Feb. 29 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): ~~Eddy~~ Ada

10. NAME OF FATHER: Robert Franklin Tuffey

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Florence Faulkner

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R F Tuffey
(Address) 1408 N 20 St

15. Filed 3/12 1912 M E Hoff Local [redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29 1912, to Mar 2 1912, that I last saw h[illegible] alive on Mar 1 1912, and that death occurred on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F C Bonnell M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill
DATE OF BURIAL: Mar 2 1912

20. UNDERTAKER: No Undertaker
ADDRESS: [illegible]

[illegible]-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 21667
Registered No.

1. PLACE OF DEATH
County of Bannock
City of Pocatello
(No. ..... St.)
Registration District No. 19
Primary Registration District No. 1002

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alfred Allen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 3rd, 1878 (Month) (Day) (Year)

7. AGE: 33 yrs. 10 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: Chas A Allen.

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Augusta L. Olsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Allen Jr.
(Address) 453 N. Main St. Pocatello, Ida.

15.
Filed 3-4 1912
C. M. Reed
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar 1st 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Mar 3 1912
that I last saw h[illegible] alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Drowning, while temporarily insane

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
3-4-1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida
DATE OF BURIAL: Mar. 5 1912

20. UNDERTAKER: P. C. Silver
ADDRESS: Pocatello, Ida

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

File No. 22 1668
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Nettie Tillman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: March (Month) 15 (Day) 1891 (Year)

7. AGE: 21 yrs. 11 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: W. H. Grathouse

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Lulsindy Stallions

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) [illegible]

15. Filed 3 – 2 1912 Earl Symes Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 1, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1912, to Mar 1, 1912
that I last saw her alive on Mar 1 1912
and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Myocarditis

..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O J Geary M. D.
3 – 2 – 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dubois, Ida
DATE OF BURIAL: March 4 1912

20. UNDERTAKER: P C Silen
ADDRESS: Poca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 23 1669
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mr Thomas E. Carey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Jan. (Month) 15 (Day) 1846 (Year)

7. AGE: 66 yrs. 1 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Manager
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Irland

10. NAME OF FATHER: Michael Carey

11. BIRTHPLACE OF FATHER (State or Country): Irland

12. MAIDEN NAME OF MOTHER: Johana Roach

13. BIRTHPLACE OF MOTHER (State or Country): Irland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos E. Carey
(Address) Pocatello, Ida Idaho

15.
Filed 3-6 191 2 — Earl D Jones
Per Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 6 (Month) (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 191 2, to March 5 191 2
that I last saw him alive on March 5 191 2
and that death occurred on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation.
Aortic regurgitation
Chronic interstitial nephritis
(Duration) 3 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Wright M. D.
Mar. 7 1912 (Address) Cook Block

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Good River, Neb. — DATE OF BURIAL: Mar. 9 1912

20. UNDERTAKER: P. C. Silver — ADDRESS: Pocatello, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 24 1670
Registered No. .....

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs A. Grace Gugle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. (Month) 5 (Day) 1872 (Year)

7. AGE: 40 yrs. 2 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: W. C. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Alice Star

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter J Gugle
(Address) Pocatello Idaho

15. Filed 3/12 191.. Earl ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3 1912, to March 10 1912 that I last saw h[e] alive on March 9 1912 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
General peritonitis

(Duration) - yrs. - mos. 8 ds.
Contributory (Secondary) Menopause
(Duration) One yrs. - mos. - ds.

(Signed) W. J. Howard M. D.
3/12 1912 (Address) Pocatello, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence. 1

19. PLACE OF BURIAL OR REMOVAL: Beloit, Kansas — DATE OF BURIAL: Mar. 17 1912

20. UNDERTAKER: P. C. Silver — ADDRESS: Pocatello, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 25167

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ignacio Canela Mora

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant.
6. DATE OF BIRTH: March 13 (Month) (Day) 1912 (Year)
7. AGE: ... yrs. ... mos. 1 ds. IF LESS than 1 day how many ... hrs. or ... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Mr. Joe Mora
11. BIRTHPLACE OF FATHER (State or Country): Italy.
12. MAIDEN NAME OF MOTHER: Mrs. Josephine Morra
13. BIRTHPLACE OF MOTHER (State or Country): Italy
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. C. Silver
(Address) Pocatello Idaho
15.
Filed 3-14 191 2 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 13 (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Mar 13 1912
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Born dead
..... (Duration) ... yrs. ... mos. 1 ds.
Contributory (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) O. P. Hacky M. D.
3-14 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Pocatello — DATE OF BURIAL: March 15 1912
20. UNDERTAKER: P. C. Silver — ADDRESS: City

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 26167

1. (PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. 226 So Grant St.)

2. FULL NAME H. J. Seabrook.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): ~~(Write the word)~~

6. DATE OF BIRTH: 17 (Day) March (Month) 1849 (Year)

7. AGE: 62 yrs. 10 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): London Eng.

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Seabrook.
(Address) Pocatello Ida.

15. Filed 3-16 1912 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1911, to March 13 1912 that I last saw him alive on March 13th 1912 and that death occurred on the date stated above, at 1 1/4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary gangrene

(Duration) — yrs. 2 mos. — ds.

Contributory (Secondary) Pulmonary tuberculosis

(Duration) One yrs. — mos. — ds.

(Signed) W. T. Howard M. D.

March 15 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: March 17 1912

20. UNDERTAKER: W. D. Walker — ADDRESS: Pocatello Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 27 1673
Registered No.

1. PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1092
(No. Gud. Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Bert Long.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: (Month) (Day) 1879 (Year)
7. AGE: 33 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country)
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Frances
(Address) Gud Hospital
15. Filed 3-16 1912 Earl D Jones Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 13 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 7 1912, to March 13 1912 that I last saw h alive on March 12 1912 and that death occurred on the date stated above, at 2.15 A.M.
The CAUSE OF DEATH* was as follows:

Acute miliary Tuberculosis of the lungs.

(Duration) 1 yrs. 2 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) E. M. Roberts M. D.
March 13 1912 (Address) Pocatello Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 6 ds. In the State ..... yrs ..... mos 6 ds.
Where was disease contracted, if not at place of death? Salt Lake City
Former or usual residence Salt Lake City. Utah.

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery DATE OF BURIAL: Mch 16 1912
20. UNDERTAKER: P. N. Maker ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 28 1674
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1902
(No. 429, So. Garfield St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Roland Harrison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 27 1910
(Month) (Day) (Year)

7. AGE: 16 yrs. 16 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello Ida

10. NAME OF FATHER: E. D. Harrison

11. BIRTHPLACE OF FATHER (State or Country): London Eng.

12. MAIDEN NAME OF MOTHER: Eliza R. Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. D. Harrison
(Address) Pocatello Ida

15.
Filed 3-14 1912
Earl D. Jones
Per A. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 13 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1912, to Mch 13th 1912
that I last saw him alive on Mch 13th 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Auto Intoxication due to
Streptococcus Infection
(Duration) ..... yrs. 1 mos. 14 ds.

Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
3-15 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery
DATE OF BURIAL: Mch 14 1912

20. UNDERTAKER: M. M. Nelson
ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 29 1675
Registered No.

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Kate Morgan Mitchell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: Jan. (Month) 13 (Day) 1876 (Year)
7. AGE: 36 yrs. 2 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer's Wife.
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Franklin Valley Ida.
10. NAME OF FATHER: David Morgan
11. BIRTHPLACE OF FATHER (State or Country): France.
12. MAIDEN NAME OF MOTHER: Miss C A. Scripan
13. BIRTHPLACE OF MOTHER (State or Country): Stone's Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....
15. Filed 3-16 1912 Earl Jones Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 15 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 13 1912, to March 15 1912 that I last saw h- alive on March 15 1912 and that death occurred on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Chronic Diarrhea. Operated for Ruptured Appendix and Peritonitis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M D.
March 16 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. Paul Minn. DATE OF BURIAL 19
20. UNDERTAKER: C. C. Silv[illegible] ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 30 167

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH
County of Jannock
City of Pocatello
(No. 32 N. Harrison St.)
Registration District No. 19
Primary Registration District No. 1002

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hart Jno.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct 1 1867
(Month) (Day) (Year)

7. AGE: 44 yrs. 6 mos. 20 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Train Dispatcher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Decatur Mo.

10. NAME OF FATHER: Vincent Jno.

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Church
(Address) Pocatello

15. Filed 3/27 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1911, to Mch 20 1912
that I last saw him alive on Mch 20 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Exhaustion

(Duration) yrs. mos. ds.
Contributory (Secondary) Concussion Ataxia
(Duration) yrs. mos. ds.
(Signed) W. J. Howard M. D.
Mch 21 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: N. Lawn cemetery
DATE OF BURIAL: Mch 22 1912

20. UNDERTAKER: W. M. Mackel
ADDRESS: Pocatello Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 31 1677
Registered No.

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello (No. 503 N. 3rd St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Mathew Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 15 (Day) 191[illegible] (Year)

7. AGE: yrs. 9 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: John Anderson

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Victoria Lundberg

13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Anderson
(Address) Pocatello

15.
Filed 3-29 1912 Earl Downs
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 27 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22 1912, to Mch 27 1912
that I last saw him alive on Mch 27 1912
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Cardio Intoxication.
Pneumonia Lobar

(Duration) yrs. 2 mos. 10 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) R. Smith Dr. M. D.
March 28 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Logan Utah — DATE OF BURIAL: March 31 1912

20. UNDERTAKER: P.P.V. Parker — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3267

Registered No.

1. PLACE OF DEATH
County of Bannock
City of Pocatello (Inside)
(No. 1506, N. Main St.)
Registration District No. 19
Primary Registration District No. 100

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Premature Birth (None)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 27 (Day) 1912 (Year)

7. AGE: ....yrs. ....mos. ....ds.
IF LESS than 1 day how many 10 hrs. or ....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello Idaho

10. NAME OF FATHER: Orrew Davis

11. BIRTHPLACE OF FATHER (State or Country): Wales Eng

12. MAIDEN NAME OF MOTHER: Nattie Gaunt

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Davis
(Address) Pocatello Idaho

15. Filed 3-29 1912 Earl D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1912, to March 28 1912
that I last saw him alive on March 28 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:

Premature Birth

.... (Duration) ....yrs. ....mos. ....ds.
Contributory
(Secondary)
.... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. M. Dagger M. D.
March 28 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt. View cemetery — DATE OF BURIAL: Mch 29 1912

20. UNDERTAKER: W. R. Walker — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3233
Registered No. 167

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello. (No. 1506 N. Main St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Infant Burton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March 27 1912 (Month) (Day) (Year)
7. AGE: ....yrs....mos....ds. IF LESS than 1 day how many ....hrs. or ....min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Pocatello
10. NAME OF FATHER: Owen Davis
11. BIRTHPLACE OF FATHER (State or Country): Wales. Eng.
12. MAIDEN NAME OF MOTHER: Nattie Gaunt
13. BIRTHPLACE OF MOTHER (State or Country): ✓
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Davis
(Address) Pocatello
15. Filed 3/29 1912 Eug D[illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 28 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 27 191..., to March 27 1912 that I last saw him alive on March 27 1912 and that death occurred on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Premature born
(Duration) ....yrs....mos....ds.
Contributory (Secondary)
(Duration) ....yrs....mos....ds
(Signed) W. M. McQueen M. D.
March 28 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery — DATE OF BURIAL: March 29 1912
20. UNDERTAKER: W. D. Vaeth — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1680
Registered No. 44

1. PLACE OF DEATH.
County of Latah
City of Genesee.

Registration District No. 15 2562
Primary Registration District No.
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Brown Wilson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: August 13 1823 (Month) (Day) (Year)

7. AGE: 88 yrs. 7 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wheeling West Va.

10. NAME OF FATHER: Wm B. H. Wilson

11. BIRTHPLACE OF FATHER (State or Country): Va. Va.

12. MAIDEN NAME OF MOTHER: Mary Burke

13. BIRTHPLACE OF MOTHER (State or Country): Va. Va.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs C. F. Frank
(Address) Genesee Idaho

15.
Filed 3-28 1912 O. N. Eckert
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 27 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-26 1912, to 3-26 1912 that I last saw him alive on 3-26 1912 and that death occurred on the date stated above, at 10A M.

The CAUSE OF DEATH* was as follows:
Pulmonary edema

(Duration) ..... yrs. ½ mos. ..... ds.
Contributory (Secondary) Arteriosclerosis
(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) W. H. Cohen M. D.
3-28 1912 (Address) Genesee

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Genesee
DATE OF BURIAL: 3-28 1912

20. UNDERTAKER: F. E. Lambert & Genesee Ida
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1681
Registered No. 45

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 13
Primary Registration District No. 2062
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maria Roseman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write word.): Single

6. DATE OF BIRTH: 3 (Month) 5/ (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Latah Idaho

10. NAME OF FATHER: Wm H Roseman

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Della Woodcock

13. BIRTHPLACE OF MOTHER (State or Country): Ills

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Roseman
(Address) Genesee Idaho

15. Filed 3-25 1912 W. H. Cheney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-23 1912, to 3-24 1912
that I last saw h[illegible] alive on 3-24 1912
and that death occurred on the date stated above, at 10P M.
The CAUSE OF DEATH* was as follows:
Acute Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Auto Intoxication
..... (Duration) ..... yrs. ..... mos. 3 ds.
(Signed) C. F. Tuomy M. D.
3-25 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Genesee Idaho
DATE OF BURIAL: 3-26 1912

20. UNDERTAKER: Forcha acting
ADDRESS: Genesee

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1682
Registered No. 42

1. PLACE OF DEATH.
County of Latah
City of Deary.
(No. ....., ... St.)
Registration District No. 15
Primary Registration District No. 2068

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lewis M. Dahlberg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Apr. (Month) 24 (Day) 1828 (Year)

7. AGE: 83 yrs. 10 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer.
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Matter Larson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Berta Erickson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Swan Swanson
(Address) Deary, Idaho

15. Filed 3/22 1912. P. C. Garnet
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 21 (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from never 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: chronic bronchitis probably

(Duration) 50 yrs. ~ mos. ~ ds.
Contributory (Secondary) hernia + old age
(Duration) 7 yrs. ~ mos. ~ ds.
(Signed) P. C. Garnet M. D.
3/22 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Zion Cemetery
DATE OF BURIAL: 3/24 1912.

20. UNDERTAKER: none
ADDRESS: ~

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 168
Registered No. 43

1. PLACE OF DEATH
County of Latah
City of Deary
Registration District No. 13
Primary Registration District No. 2068
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Samul Roald Hanson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar. 20, 1912.
(Month) (Day) (Year)

7. AGE: 0 yrs. 0 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Lewie Hanson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Amanda Mary Olson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lewie Hanson
(Address) Deary

15. Filed 3/21 1912 P. C. Faust
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 20, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from none 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Unknown. no apparent illness or symptoms

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) P. C. Faust M. D.
March 21 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Zion Cemetery
DATE OF BURIAL: 3/22 1912

20. UNDERTAKER: none
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1684
Registered No. 40

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No.
Primary Registration District No. 2067
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Peter Sprenegrat or (Pitr Hook)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1886 (Year)

7. AGE: 26 yrs. ____ mos. ____ ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): Potlatch Lum. Co.

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Unable to find out as his friends did not know

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: ____

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Flasher
(Address) Bovill, Ida.

15.
Filed 3/28 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 25th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/25 1912, to 3/25 1912
that I last saw him alive on 3/25 1912
and that death occurred on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:
Accidental injury Causing Crushed injuries & fright
Shock. 4 hours
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Complications
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
3/28 1912 (Address) Bovill, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bovill, Idaho.
DATE OF BURIAL: 3/27 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No. 15th
Primary Registration District No. 2067
(No. ....., ... St.)

File No. 168
Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lewis W. Corcoran

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1863 (Year)

7. AGE: 49 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): Not working for some time

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. McGuire
(Address) Bovill Idaho

15.
Filed Mar 23 1912 W. Young
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/18th 1912, to 3/19th 1912
that I last saw h[e] alive on 3/19 1912
and that death occurred on the date stated above, at 10a M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) ..... yrs. 9 mos. ..... ds.

Contributory (Secondary) Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W Young M. D.
Mar 19 1912 (Address) Bovill Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Palouse, Wash
DATE OF BURIAL: 3/24th 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

File No. 168
Registered No. 321

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wilhelmina Albertina Nelson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 21 (Day) 1879 (Year)

7. AGE: 32 yrs. 7 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer): Farmer

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Pete anderson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emil Nelson
(Address) Troy

15.
Filed March 20 1912 — J. W. Dloon, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1912, to March 19 1912
that I last saw h[illegible] alive on March 15 1912
and that death occurred on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) none
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Dloon M. D.
March 20 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bear Creek cemetery
DATE OF BURIAL: Mch 22 1912

20. UNDERTAKER: Mrs. Aaron Johnson
ADDRESS: Troy Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

File No. 1688
Registered No. 38

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ada Justina Swanson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 16 (Day) 1863 (Year)

7. AGE: 48 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): Farming

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Victor Berg
(Address) Troy

15.
Filed Feby 12 1912 J W Olson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:
Apoplexy. Deceased
became unconscious in church
and died in a few minutes
(a) (Duration) 48 yrs. 4 mos. 26 ds.
Contributory Urinemia
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J W Olson M. D.
Feby 12 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burnt Ridge Cemetery
DATE OF BURIAL: Feby 14 1912

20. UNDERTAKER: Augustus Johnson
ADDRESS: Troy Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1689
Registered No. 33

1. PLACE OF DEATH.
County of Latah
City of Garfield R.D.#3 (No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2067

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Minnie May Schell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	married

6. DATE OF BIRTH: July (Month) 24 (Day) 1871 (Year)

7. AGE 40 — 39 yrs. 8 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: Mount Pearley

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Rhoda Newton

13. BIRTHPLACE OF MOTHER (State or Country): North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W F Schell
(Address) Garfield

15. Filed Mch 29 1912 — D F Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 21 1912, to Mch 26 1912, that I last saw her alive on Mch 26 1912 and that death occurred on the date stated above, at 3.35 P.M.

The CAUSE OF DEATH* was as follows:
Peritonectis due to perforated appendex

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D R Harrison M. D.
19 ..... (Address) Palouse Wn

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fresno, Idaho — DATE OF BURIAL: Mar. 29. 1912

20. UNDERTAKER: F L Swinn — ADDRESS: Garfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Ages, CLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 1690
Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo. T. Bacon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September (Month) 15 (Day) 1863 (Year)

7. AGE: 49 yrs. 5 mos. 24 ds.
IF LESS than 1 day how many ..... hours ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carriage & Buggy Dealer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota Brownsdale Mower Co

10. NAME OF FATHER: John Bacon

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Geo. T. Bacon
(Address) Kansas

15. Filed Mch 11 1912 — T. J. Pac — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st. 1912, to March 9th 1912, that I last saw him alive on Mar. 9th. 1912, and that death occurred on the date stated above, at 8:40 P. M.

The CAUSE OF DEATH* was as follows:
Traumatic Peritonitis.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Accidental - forcible rupture of the bladder -
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gilman M. D.
Mar - 11 - 1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: March 12 1912

20. UNDERTAKER: Geo Stetz. — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow

Registration District No. 13
Primary Registration No. 14
(No. ..., ...)

File No. 1691
Registered No. 28

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Francis Allen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH.

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: Oct 11th (Month) (Day) 1884 (Year)

7. AGE: 27 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Plumber
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Valley City N.D.

10. NAME OF FATHER: James Allen

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Kate Flynn

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): James White
(Address): Moscow

15. Filed Mch 7 1912 — D. F. Rae, Local Registrar

6. DATE OF DEATH: March 6" (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. [illegible] 1912, to Mch 6" 1912
that I last saw h[illegible] alive on Feb. 28" 1912
and that death occurred on the date stated above, at 9:45 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) ... yrs. 6 mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) W. H. Carithers M. D.
Mch. 7" 1912 (Address) Moscow, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: ... 191...

20. UNDERTAKER: Geo Stolz — ADDRESS: Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEA[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. [redacted]
Primary Registration District No. [redacted]8
(No. ....., ... St.)

File No. 1692
Registered No. 2

2. FULL NAME John William[redacted]razier

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Feb (Month) 15 (Day) 1892 (Year)

7. AGE: 20 yrs. ..... mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Moscow Ida

10. NAME OF FATHER: John S Frazier

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Addie Hill

13. BIRTHPLACE OF MOTHER (State or Country): Nevada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Frazier
(Address) Moscow

15.
Filed Mch 8 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1 1911, to Mch 7 1912
that I last saw him alive on July 30 1911
and that death occurred on the date stated above, at 5 [redacted]

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 7/12 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Clarke M. D.
Mch 8 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Troy
DATE OF BURIAL: Mch 8 1912

20. UNDERTAKER: Joe Perry
ADDRESS: Troy

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 1008
City of ..... (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 169
Registered No. 32

2. FULL NAME Arthur Duane Davis
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: May (Month) 28 (Day) 1906 (Year)

7. AGE: 5 yrs. 10 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Duane H. Davis

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Annie Leland

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie L. Davis
(Address) Moscow, Idaho

15. Filed Dec 31 1912 D F Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1912, to Dec 30 1912, that I last saw h[illegible] alive on Dec 30 1912, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. [illegible] mos. 4 ds.
Contributory (Secondary) none or [illegible] as I know
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. M. Clarke M. D.
Dec 30 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow Ida — DATE OF BURIAL: Dec 31 1912

20. UNDERTAKER: Geo Kelly — ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMC-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 169
Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Murty Williamson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mch 18 1887 (Month) (Day) (Year)

7. AGE: 25 yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: cook in
(b) General nature of industry business or establishment in which employed (or employer): restaurant

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: Ivan Williamson

11. BIRTHPLACE OF FATHER (State or Country): Neb

12. MAIDEN NAME OF MOTHER: Margret Kelley

13. BIRTHPLACE OF MOTHER (State or Country): Neb

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Williamson
(Address) Moscow Idaho 704 College St

15.
Filed Mch 16 1912
D F Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch 16 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 16 1912, to Mch 16 1912 that I last saw him ~~alive~~ on Mch 16 1912 and that death occurred on the date stated above, at about 8 P M.

The CAUSE OF DEATH* was as follows:
Rupture of intestines
Dead when discovered

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Duodenal ulcers
Don't Knows
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D F Rae M. D.
Mch 17 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow Idaho
DATE OF BURIAL: Mch 17 1912

20. UNDERTAKER: Geo Kelly
ADDRESS: Moscow

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1696
Registered No. 36

1. PLACE OF DEATH.
County of Latah
City of Moscow
Registration District No. 13
Primary Registration District No. 1008
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Danly

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 11th (Day) 1822 (Year)

7. AGE: 90 yrs. 7 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: George Danly

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Abagail Clough

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. H. Danly
(Address) Moscow

15. Filed Mch 19 1912 D F Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 17th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4th 1912, to March 17th 1912, that I last saw h[illegible] alive on March 17th 1912 and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Due to Bronchitis & Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. M. Mac Field - D.O. M. D.

March 18th 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Mch 19 1912

20. UNDERTAKER: Geo Shutz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. 706, Mabelle Ave St.)

File No. 1697
Registered No. 37
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Robert Clinton Moore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: October (Month) 30th (Day) 1846 (Year)

7. AGE: 65 yrs. 4 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business or establishment in which employed (or employer): 8 years

9. BIRTHPLACE (State or Country): Illinois, Mercer Co.

10. NAME OF FATHER: George Moore

11. BIRTHPLACE OF FATHER (State or Country): Ohio, Pickaway Co.

12. MAIDEN NAME OF MOTHER: Jemima S. Pearson

13. BIRTHPLACE OF MOTHER (State or Country): Ohio. Clark Co.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George P. Moore (son)
(Address) Moscow Idaho.

15. Filed Mch 23 1912 D.F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1912, to Mar. 21 1912
that I last saw h[illegible] alive on Mar. 19 1912,
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary): Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Capray M. D.
Mar 22 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: March 23 1912

20. UNDERTAKER: Swisher
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2064
City of Kendrick (No. ....., ... St.)
File No. 1698
Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theodore Ristau

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 8th (Day) 1910 (Year)

7. AGE: 1 yrs. 1 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kendrick Idaho

10. NAME OF FATHER: Julius Ristau

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Otelia Scheffler

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Theodore Ristau
(Address) Kendrick Idaho

15.
Filed Feb 4 191 2 J E Hoyt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 2nd (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 191 1, to Feb 1st 191 2 that I last saw him alive on Jan 30th 191 2 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Posterior Basal Meningitis

..... (Duration) ..... yrs. 2 mos. 3 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Rothwell M. D.
Feb. 3rd 191 2 (Address) Kendrick Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kendrick Cemetery
DATE OF BURIAL: 2 4 191 2

20. UNDERTAKER: D J Rowlands
ADDRESS: Kendrick Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1693
Registered No. 80

1. PLACE OF DEATH.
County of Latah
City of Near Kendrick

Registration District No. 15
Primary Registration District No. 7064
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mildred McBride

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 4 (Day) 1908 (Year)

7. AGE: 3 yrs. 2 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: C.A. McBride

11. BIRTHPLACE OF FATHER (State or Country): La.

12. MAIDEN NAME OF MOTHER: Della Patterson

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C.A. McBride
(Address) Kendrick Ida

15.
Filed 2-17 1912 J.E. Hoyt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 2 (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1912, to Feb 16 1912
that I last saw her alive on Feb 16 1912
and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Intestinal intoxication

(Duration) ..... yrs. ..... mos. 2 3 ds.
Contributory none
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.E. Hoyt M. D.
2-17 1912 (Address) Kendrick Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gold Rose cemetery — DATE OF BURIAL: 2-18 1912

20. UNDERTAKER: D.J. Rollands — ADDRESS: Kendrick Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1700
Registered No.

1. PLACE OF DEATH.
County of Idaho
City of
(No. St.)

Registration District No. 15.
Primary Registration District No. 2066

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John M. Mack.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): ?

6. DATE OF BIRTH: ? (Month) (Day) 1 (Year)

7. AGE: 34 yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kicketat Co Idaho

10. NAME OF FATHER: Robert Mack

11. BIRTHPLACE OF FATHER (State or Country): do

12. MAIDEN NAME OF MOTHER: Mary

13. BIRTHPLACE OF MOTHER (State or Country): do

14. THE ABOVE IS TRUE TO THE BE
(Informant) J. W. Sterl
(Address)

15.
Filed March 20 1912 D. Jr. R
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6:30 P.M. 3-14 1912, to 11:45 P.M. 3-19 1912
that I last saw him alive on Mar 19 1912
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) Geo T Boyd M. D.
March 20 19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
[illegible] there was disease contracted,
[illegible] at place of death?
[illegible] or
[illegible] dence

[illegible] OF BURIAL OR REMOVAL
DATE OF ~~BURIAL~~ March 2[illegible] 1912
[illegible] R
ADDRESS Palouse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form [redacted] ATE OF DEA

1. PLACE OF [redacted] No. 2 1701 BOAR
Bureau of
County of Twin Falls Prin District No. 2085 File No.
City of Twin Falls (No. St.) Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Voss.

If death occurred in a hospital, [redacted] sti[redacted]n or camp give its NAME in[redacted] reet and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH: March (Month) 31 (Day) 1912 (Year)

7. AGE: ...yrs. ...mos. ...ds. 3 hrs. IF LESS than 1 day how many 3 hrs. or ...min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah. Twin Falls County

10. NAME OF FATHER: Harvey Glover

11. BIRTHPLACE OF FATHER (State or Country): Don't Know.

12. MAIDEN NAME OF MOTHER: Lundgas

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ina Lundvick
(Address) Twin Falls, Idaho.

15. Filed Apr. 3 191... John F. Coughlan Local Registrar

MEDICAL CERTIFICAT[redacted]EATH.

16. DATE OF DEATH: March (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31 1912, to March 31 1912 that I last saw h[redacted] alive on March 31 1912 and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency.

3 hrs.

(Duration) ...yrs. ...mos. ...ds.

Contributory (Secondary) Congenital defect.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Ina Lundvick M. D.

Apr. 3, 1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery — DATE OF BURIAL: Apr. 3 1912

20. UNDERTAKER: P. J. Grassmann — ADDRESS: John F. Coughlan

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1702

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 2 3 — BOARD of Bureau of
County of T Falls. Primary Registration District No. 2085 — File No.
City of T Falls. (No. ....., ... St.) — Registered No.

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Alma E. Brown — If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct 19 (Month) 12th (Day) 1886 (Year)

7. AGE: 26 yrs. 5 mos. 18 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wapello Iowa

10. NAME OF FATHER: M. J. Diehl

11. BIRTHPLACE OF FATHER (State or Country): Wapello Ia.

12. MAIDEN NAME OF MOTHER: Clara Brogan

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) (Husband) A. E. Brown
(Address) Twin Falls Idaho

15. Filed Apr. 2 1912 — John V. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to April 1 1912, that I last saw h er alive on April 1 1912 and that death occurred on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:
Septic Endocarditis & Lymph adenitis

..... (Duration) ..... yrs. ..... mos. 16 ds.
Contributory (Secondary) Rheumatism - Endocarditis c.
Pleuro pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Morgan M. D.
April 2 1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Wapello Ia. — DATE OF BURIAL Interment Apr 3 1912

20. UNDERTAKER: J Crosby — ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 170

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ..... St.)
Registration District No. 23
Primary Registration District No. 2045
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Owen J. Green

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Aug (Month) 22 (Day) 1848 (Year)

7. AGE: 63 yrs. 6 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Samuel Green

11. BIRTHPLACE OF FATHER (State or Country): — — —

12. MAIDEN NAME OF MOTHER: — — —

13. BIRTHPLACE OF MOTHER (State or Country): — —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kenyon Green
(Address) Twin Falls

15.
Filed Mar 5 1912
John T. Coughlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 8 1912, to Mch 3 1912
that I last saw him alive on Mch 3 1912
and that death occurred on the date stated above, at 1145 P. M.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr Boyd M. D.
Mch 5 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Beaver City Kansas
DATE OF BURIAL: 3 6 1912

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 170

Registration District No. 23
Primary Registration District No. 2085

1. PLACE OF DEATH.
County of Twin Falls
City of Milner (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rosetta Robeson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 6 1911 (Month) (Day) (Year)

7. AGE: ..... yrs. 4 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Twin Falls Co. Idaho

10. NAME OF FATHER: Charlie Robeson

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Ross Grimes

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Patterson
(Address) Milner Ida.

15. Filed Mar 9 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 6th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th 1912, to March 6th 1912 that I last saw her alive on March 6th 1912 and that death occurred on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
March 9th 1912 (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Milner
DATE OF BURIAL: Mar 9 1912

20. UNDERTAKER: None.
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 170

Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza Dryden

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Sept. (Month) 22 (Day) 1829 (Year)

7. AGE: 82 yrs. 6 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: William Logan

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Margarette Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Ohio.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. F. Willard
(Address) Twin Falls, Ida.

15.
Filed 3-12 1912 John S. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Mar 11 1912
that I last saw her alive on Mar 10 1912
and that death occurred on the date stated above, at 3a. M.

The CAUSE OF DEATH* was as follows:
Senility, aggravated by gallstones & dilated stomach

..... (Duration) ..... yrs. 2 mos. 10 ds.

Contributory (Secondary) Gallstones (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) D. O. [illegible] M. D.
3-12 1912 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rocky Ford Col
DATE OF BURIAL 191

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 170

1. PLACE OF DEATH.
County of Twin Falls
City of [illegible]

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME No Name

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White.	Single

6. DATE OF BIRTH: March 13 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..18.. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls.

10. NAME OF FATHER Otto Jacobsen

11. BIRTHPLACE OF FATHER (State or Country) Denmark.

12. MAIDEN NAME OF MOTHER Mary Sorenson

13. BIRTHPLACE OF MOTHER (State or Country) Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto Jacobsen
(Address) Twin Falls

15. Filed 3-15 1912 John H Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1912, to Mar 14th 1912 that I last saw him alive on Mar. 13th 1912 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Premature Labor - Congenital

..... (Duration) ..... yrs. ..... mos. 18 hrs.

Contributory (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fitz M. D.
3/14/1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery
DATE OF BURIAL: 3-15 1912

20. UNDERTAKER: None
ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 170
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ida J Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 3 (Day) 1870 (Year)

7. AGE: 41 yrs. 9 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): South Dakota

10. NAME OF FATHER: B. J. Olson

11. BIRTHPLACE OF FATHER (State or Country): Norway.

12. MAIDEN NAME OF MOTHER: Carrie Halvorson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank C Williams
(Address) Twin Falls Ida

15.
Filed 3 17 1912
John Houghelen
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1906., to Mar. 1912
that I last saw h ed alive on about Jan 15, 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) 7 yrs. 2 mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Tiffe M. D.
3/19/1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida.
DATE OF BURIAL: 3/17 1912

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2087 23
Primary Registration District No. 2087.
File No. 1703
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of 5½ miles SE from Buhl
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo. H. Wilson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: June (Month) 10 (Day) 1854 (Year)

7. AGE: 57 yrs. 9 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Hampshire

10. NAME OF FATHER: Dr. J. W. Wilson

11. BIRTHPLACE OF FATHER (State or Country): New Hampshire

12. MAIDEN NAME OF MOTHER: Elisabeth Gerish

13. BIRTHPLACE OF MOTHER (State or Country): New Hampshire

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carl Wilson (Son)
(Address) Buhl Ida

15.
Filed 3-15 1912
J. W. Mumley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 15, Friday (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1912, to Mar. 14 1912
that I last saw h~~im~~ alive on Mar. 14 1912
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Kidney
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.
March 15 1912 (Address) Twin Falls. Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds.
In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Filer
DATE OF BURIAL: March 16 1912

20. UNDERTAKER: J. Crosby
ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl (No....., ... St.)

Registration District No. ~~10~~ 23
Primary Registration District No. ~~20~~ 97

File No. 171
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lydia Banta

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: July (Month) 10 (Day) 87 (Year)

7. AGE: 35 yrs. 8 mos. 15 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: John Havorka

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Philipina Smerchek

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Hovarka
(Address) Buhl Ida

15.
Filed 3-29 1912
J. D. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1912, to Mar 28 1912
that I last saw her alive on Mar 28 1912
and that death occurred on the date stated above, at 2 a M.

The CAUSE OF DEATH* was as follows:
Chronic dysentary

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Wetherbee M. D.
Mar 28 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Barnes. Kansas
DATE OF BURIAL: 3-30 1912

20. UNDERTAKER: H. B. Evans
ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 20823
Primary Registration District No. 2097
File No. 1711
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of ½ E. Buhl (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hannah E. King

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec. 21 1842 (Month) (Day) (Year)

7. AGE: 70 yrs. 3 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Martin Langston

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Hannah Langston

13. BIRTHPLACE OF MOTHER (State or Country): Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grant King
(Address) Buhl Idaho

15. Filed 3-24 1912 J. H. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Saw deceased immediately after death. Cause probably Chronic valvular heart disease
..... (Duration) several yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Wetherbee M. D.
Mar 24 1912 (Address) Buhl Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: 3/25 1912

20. UNDERTAKER: N B Evans
ADDRESS: Buhl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1712
Registered No. 179

1. PLACE OF DEATH.
County of Oneida
City of Franklin
Registration District No. 14
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martin Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Febr (Month) 12 (Day) 1912 (Year)

7. AGE: 79 yrs. No mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Keeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cheltenham England

10. NAME OF FATHER: William Hobbs

11. BIRTHPLACE OF FATHER (State or Country): Gloustershire England

12. MAIDEN NAME OF MOTHER: Ann Owen

13. BIRTHPLACE OF MOTHER (State or Country): Redden England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Robbs
(Address) Medeale Utah

15. Filed 4/5 1917 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 1911, to Feb 16 1912 that I last saw h[illegible] alive on Feb 15 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Causes of Stomach

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Hodgenson M. D.
1/19/17 (Address) Preston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Franklin Ida
DATE OF BURIAL: Feb 18 1912

20. UNDERTAKER: Peter Hansen
ADDRESS: Preston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 171
Registered No. 20

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Primary Registration District No. 219
City of Riverdale (No. 9, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leland Evans Neeley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: 12 (Month) 23 (Day) 1909 (Year)
7. AGE: 2 yrs. 2 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Riverdale Idaho
10. NAME OF FATHER: Lesley A Neeley
11. BIRTHPLACE OF FATHER (State or Country): Kentucky Idaho
12. MAIDEN NAME OF MOTHER: May Evans
13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. M. Neeley
(Address) Preston Ida
15. Filed Mar 10 1912 G. L. Emery Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 9 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan. 1912, to Mar 9 1912
that I last saw him alive on Feb. 1912
and that death occurred on the date stated above, at 3 a.M.
The CAUSE OF DEATH* was as follows:
Endocarditis with Mitral insufficiency and Acute Dilatation.
(Duration) 2 yrs. 2 mos. ds.
Contributory (Secondary) Rheumatism.
(Duration) yrs. 3 mos. ds.
(Signed) Allen R Gaston M. D.
3/9 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverdale Idaho — DATE OF BURIAL: [illegible] 1912
20. UNDERTAKER: P J Hansen — ADDRESS: Preston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 171

Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 18

County of Oneida — Primary Registration District No. 2072

City of American Falls (No. ....., ... St.)

2. FULL NAME Abiel Gool Alvord

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): married

6. DATE OF BIRTH: Sept (Month) 3 (Day) 1825 (Year)

7. AGE: 86 yrs. 6 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mentor, Ohio

10. NAME OF FATHER: Elijah Johnson Alvord

11. BIRTHPLACE OF FATHER (State or Country): Cochester, Conn.

12. MAIDEN NAME OF MOTHER: Mary Barbra Parsons

13. BIRTHPLACE OF MOTHER (State or Country): Dutchess Co, N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. Alvord (son)
(Address) American Falls Ida.

15. Filed ..... 191....
D. C. Ray
Richard F. North
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st 1912 to March 10th 1912 that I last saw h[illegible] alive on March 4th 1912 and that death occurred on the date stated above, at 1:20a M.

The CAUSE OF DEATH* was as follows:
Chronic cystitis,
Contributory (Secondary) Acute exacerbation of the above (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Richard F. North M. D.
March 11 1912 (Address) American Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls — DATE OF BURIAL: March 11 1912

20. UNDERTAKER: Harry R Hugus — ADDRESS: Am Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 171.
Registered No. 22

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Primary Registration District No. 2072
City of American Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Leona Hartley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1909 (Year)

7. AGE: 2 yrs. 7 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): American Falls, Id.

10. NAME OF FATHER: Charles Henry Hartley

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Laura Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Hartley
(Address) American Falls Id.

15. Filed March 19 1912 — Richard F. Nock, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17th 1912, to March 18 1912 that I last saw her alive on March 18 1912 and that death occurred on the date stated above, at 9-30 P.M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever
(Permitions form)

(Duration) ..... yrs. ..... mos. one day

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard F. Nock M. D.
March 18 1912 (Address) American Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls — DATE OF BURIAL: Mch 18 1912

20. UNDERTAKER: Harry R. Hagen — ADDRESS: American Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Malad
If death occurs away from usual residence, give facts called for under special information.

Registration [redacted]
Primary Registration District No. 2069.
(No. ....., ... St.)

File No. 171
Registered No. 34
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Roberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: April (Month) 1 (Day) 1849 (Year)

7. AGE: 62 yrs. 11 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Janitor Malad Schools

9. BIRTHPLACE (State or Country): Wales

10. NAME OF FATHER: David Roberts

11. BIRTHPLACE OF FATHER (State or Country): Wales, Pullyglass

12. MAIDEN NAME OF MOTHER: Bridget Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David John Roberts
(Address) Malad City Idaho

15.
Filed 3-16 1912 D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9 1912, to March 14 1912, that I last saw h[illegible] alive on March 14 1912, and that death occurred on the date stated above, at 5:40 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) acute meningitis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) D C Ray M. D.
March 15 1912. (Address) Malad City Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad City Ida
DATE OF BURIAL: 3-16 1912

20. UNDERTAKER: Sawyer & Evans
ADDRESS: Malad City Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WEED-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 175

Registered No. 75

1. PLACE OF DEATH. Registration District No. [illegible]

County of Owyhee Primary Registration District No. 7069

City of Grandview (No. [illegible] St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry John [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR: W[illegible]

SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: [illegible] 4th 1[illegible]
(Month) (Day) (Year)

7. AGE: 89 yrs. 7 [illegible] ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: [illegible]rmer
(b) General nature of industry, business or establishment in which employed (or employer): [illegible]

9. BIRTHPLACE (State or Country): [illegible]les

10. NAME OF FATHER: [illegible] John

11. BIRTHPLACE OF FATHER (State or Country): [illegible]do

12. MAIDEN NAME OF MOTHER: [illegible] Burton

13. BIRTHPLACE OF MOTHER (State or Country): [illegible]les

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible] R Wells

(Address) [illegible] Idaho

15. Filed 3/6 [illegible] D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February 6th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] 191[illegible]
that I last saw h[illegible] alive on [illegible] 191[illegible]
and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Senile decay

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho | DATE OF BURIAL: Feb 7 1912

20. UNDERTAKER: Sawyer & Evans | ADDRESS: Malad Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALT
Bureau of Vital Statis

1. PLACE OF DEATH. Registration District No. 29
County of Lincoln Primary Registration District No. 2015
City of Rupert (No. ....., ... St.)
File No. 171
Registered No. 5
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospi stitution or camp give its instead of street and numb
2. FULL NAME James H. Barnett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec 11 1837
(Month) (Day) (Year)

7. AGE: 70 yrs. 2 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country): — — —

12. MAIDEN NAME OF MOTHER — — — —

13. BIRTHPLACE OF MOTHER (State or Country) — — — —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William H Barnett
(Address) Rupert Idaho

15.
Filed April 9 1912 V. R. Killen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 5
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1911, to March 1
that I last saw h alive on Nov 10 19
and that death occurred on the date stated above, at 10 A
The CAUSE OF DEATH* was as follows:
Cancer of Stomach
(Duration) 1 yrs. — mos. —
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos.
(Signed) C S Scott
March 6 1912 (Address) Rupert Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, s MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institu Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ....
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rupert Cemetery — DATE OF BUR: Dec 7
20. UNDERTAKER: W. A. Goodman — ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. [illegible] CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1720
Registered No. 6

1. [illegible] Registration District No. 29

County of Lincoln Primary Registration District No. 2902

City of Hilldale (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Medley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 25 1827 (Month) (Day) (Year)

7. AGE: 82 yrs. 5 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Rancher 10 yrs
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Lucretia Bird

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno Lenz
(Address) Hazelton Ida

15. Filed Sept 9 1912 W. R. Kilburn Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 21 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 26 1911, to March 21 1912 that I last saw h~~im~~ alive on March 13 1912 and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows: Chronic Intersticial Nephritis

(Duration) One yrs. [illegible] mos.

Contributory (Secondary) Knowledge but no doubt for a number of years before

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Lenz M. D.

March 21 1912 (Address) Hazelton Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Arteisian City — DATE OF BURIAL: Mar 22 1912

20. UNDERTAKER: T. J. Grossman — ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH, County of Bonneville, City of Colton

Registration District No. 7
Primary Registration District No. 2029
(No. ....., ... St.)

File No. 1721
Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Herbert Bauer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: Aug. (Month) 20 (Day) 1908 (Year)

7. AGE: 3 yrs. 5 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Eberhard Bauer

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Katherine Hauter

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eberhard Bauer
(Address) Idaho Falls R 7 B 6

15. Filed April 2 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31st 1912, to March 31 1912, that I last saw h[illegible] alive on March 31 1912, and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:
Fell backwards accidentally into scalding water affecting about three-fourths cutaneous bodily surface
(Duration) Seventeen and one half hours. yrs. mos. ds.
Contributory (Secondary) Symptomatic internal and external inflamations.
(Duration) yrs. mos. ds.
(Signed) H. M. Pendleton M. D.
April 1 1912 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Coltman Idaho — DATE OF BURIAL: April 2 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1722
Registered No. 31

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Field

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 27 (Day) 1911 (Year)

7. AGE: 1 yrs. 10 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho Falls

10. NAME OF FATHER: Hannah Field

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Riley

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hannah Field
(Address) Idaho Falls

15. Filed Mar 28 1912 — C. Hunsaker, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1912, to March 27 1912 that I last saw him alive on March 27 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A R Sederquist M. D.
March 28 1912 (Address) Ucon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ammon Idaho — DATE OF BURIAL: Mar 28 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 172
Registered No. 30

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wilmer A. C Lundberg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 11 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): United States Idaho Falls

10. NAME OF FATHER: Nathan Lundberg

11. BIRTHPLACE OF FATHER (State or Country): Neb.

12. MAIDEN NAME OF MOTHER: Hannah Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nathan Lundberg
(Address) Idaho Falls Idaho

15. Filed Mar 28 1912 W Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw he alive on March 24 1912,
and that death occurred on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:
Auto Intoxication and Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. R. Sederquist M. D.
3/25 1912 (Address) City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Mch 26 1912

20. UNDERTAKER: Clifford Hayes — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Iona

Registration District No. 1
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 172
Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eliza Curtis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Feb 24 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ammon Idaho

10. NAME OF FATHER: Alfred Curtis

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Alldredge

13. BIRTHPLACE OF MOTHER (State or Country): U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. L. Anderson
(Address) Ammon

15. Filed Mar 21 1912 — C. H. Hammond, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar 24 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1912, to Mar 24 1912
that I last saw her alive on Feb 29 1912
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Marasmitis from
malformation development,
Probably heat lesion from non
development, (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Fuller M. D.
..... 19..... (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ammon Ida — DATE OF BURIAL: 3/25 1912

20. UNDERTAKER: G. L. Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2 2 7
City of Idaho Falls (No. , St.)
File No. 172.
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Noah F Sievers

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. 14 (Month) 1912 (Day) (Year)

7. AGE: yrs. 1 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho,

10. NAME OF FATHER: J A Sievers

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Carrie Castle

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Doeffler
(Address) Idaho Falls Ida.

15.
Filed Mar 20 1912 L H Musgrave
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 18 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17th 1912, to March 18th 1912
that I last saw h— alive on March 17th PM 1912,
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Whooping cough & Pneumonia (Bronchial)
Pneumonia
3 days (Duration) yrs. mos. 3 ds.
Contributory (Secondary) .....
(Duration) yrs. mos. ds.

(Signed) Thomas B. Wilson M. D.
March 19th 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida. DATE OF BURIAL: March 20 1912

20. UNDERTAKER: Clifford C Hayes ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1726

Registered No. ____

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. ____
County of Bonneville Primary Registration District No. ____
City of Idaho Falls (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo. W. Hebbert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct 9 (Month) (Day) 1863 (Year)

7. AGE: 49 yrs. ____ mos. ____ ds. IF LESS than 1 day how many ____ hrs. or ____ min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher.
(b) General nature of industry business or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Benj Hebbert

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Mary Mills

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Hebbert
(Address) Kilgore

15. Filed Mar. 20 1912 L. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar 19 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 17 1912, to Mar 19 1912
that I last saw him alive on Mar 19 1912,
and that death occurred on the date stated above, at 8:30 P.M.,
The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)
Followed by Empyema

(Duration) yrs. 1 mos. 3 ds.

Contributory (Secondary) ____
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) L. L. Fuller M. D.
Mar 20 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the Fuller Hospital State ____ yrs. ____ mos. 3 ds.
Where was disease contracted Idaho Falls
If not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls | DATE OF BURIAL: Mch 21 1912

20. UNDERTAKER: Clifford Hayes | ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16072

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 172
Registered No. 24

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. 0, St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lavern Westergaard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar. (Month) 3 (Day) 1904 (Year)

7. AGE: 7 yrs. mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Peter Westergaard

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Sarah Jennings

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P H Westergaard
(Address) Idaho Falls Idaho

15. Filed Mar 20 1912 E J Burnett Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1911, to Mar. 18, 1912 that I last saw h[illegible] alive on Mar. 17, 1912, and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. 7 mos. — ds.

Contributory (Secondary) Mitral Regurgitation

(Duration) yrs. 2 mos. 18 ds.

(Signed) John J. Mellen M. D.

10 (Address) Ida Falls R-1

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona Idaho — DATE OF BURIAL: Mar 20 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 172
Registered No. 25

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cook

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH: Mar. (Month) 8 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..5.. hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Timothy Cook

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Mary Fryer

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Timothy Cook
(Address) Route 4 Idaho Falls Ida.

15. Filed Mar 9 1912 W. Hunsaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1912, to ..... 191..
that I last saw h..... alive on Mar 9 1912,
and that death occurred on the date stated above, at 2 M.

The CAUSE OF DEATH* was as follows:
Premature Birth
7 months

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. L. Miller M. D.
Mar 9 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: New Sweden cemetery Idaho — DATE OF BURIAL: March 9 1912

20. UNDERTAKER — ADDRESS —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 172
Registered No. ....
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cook

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March 6 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho Falls
10. NAME OF FATHER: Timothy Cook
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Mary Fryer
13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lib Cook
(Address) Idaho Falls Idaho R04

15. Filed Mar 19 1912 L. H. Emmons
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 9 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1912, to ..... 191....
that I last saw h..... alive on Mar 9 1912,
and that death occurred on the date stated above, at 2 M.

The CAUSE OF DEATH* was as follows:

Premature Birth
7mo
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Mar 19 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cemetery Sweetest Idaho
DATE OF BURIAL: March 9 1912

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 173
Registered No. 23

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Enid Lunn

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 9 (Day) 1898 (Year)

7. AGE: 13 yrs. 3 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Daniel Lunn

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Amy Draper

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. H. Hunt
(Address) Idaho Falls

15.
Filed Mar 14 191 2 J. E. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ March 7 1912, to March 12 1912
that I last saw her alive on 3 12 1912
and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 30 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Ennis M. D.
3-14 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Mar 15 1912

20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Iona

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 1731
Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clarence Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH July (Month) 5 (Day) 1911 (Year)

7. AGE ..... yrs. 8 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nebr.

10. NAME OF FATHER Henry Anderson

11. BIRTHPLACE OF FATHER (State or Country) Nebr.

12. MAIDEN NAME OF MOTHER Margorett Muir

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. H. Hunt
(Address) Idaho Falls

15.
Filed Mar. 14 1912 J. E. Pennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 12 1912, to Mar 12 1912
that I last saw him alive on Mar 12 1912
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Pertussis

..... (Duration) two yrs. two mos. 5 ds.
Contributory (Secondary) Bronchitis
..... (Duration) one yrs. one mos. 2 ds.

(Signed) H. W. Pendleton M. D.
March 14 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds.
In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Idaho Falls — DATE OF BURIAL Mar 14 1912

20. UNDERTAKER G. H. Hunt — ADDRESS Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1733

Registered No. 20

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

2. FULL NAME John Welch.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. 5 (Month) 1856 (Day) (Year)

7. AGE: 55 yrs. 11 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York,

10. NAME OF FATHER: B. Welch

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mont Knox

13. BIRTHPLACE OF MOTHER (State or Country): Canada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Simeon M. Welch
(Address) Box 101 Hoover, Idaho

15. Filed Nov 4 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 1st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/29-12 1912, to 3-1- 1912 that I last saw him alive on 2-29- 1912, and that death occurred on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary): None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Hayes, M. D.

8/IV 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls. DATE OF BURIAL: Nov. 4 1912

20. UNDERTAKER: Telford & Hayes ADDRESS: Idaho Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1734

Registered No. 14

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 6

County of Lincoln Primary Registration District No. 9018

City of ~~Idaho~~ Hagerman (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Warren Owens

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Child~~

6. DATE OF BIRTH: Feb. (Month) 21 (Day) 1904 (Year)

7. AGE: 7 yrs. 11 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) child

9. BIRTHPLACE (State or Country) Boise

10. NAME OF FATHER Chas. A. Owens

11. BIRTHPLACE OF FATHER (State or Country) California

12. MAIDEN NAME OF MOTHER Dora Poage

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry S Bowen

(Address) Hagerman Idaho

15. Filed Mar 5 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1/31 1912, to 2/8 1912 that I last saw ~~him~~ alive on 2/8 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

Previous to above date was treated by Christian Science.

(Duration) ..... yrs. ..... mos. 9 ds.

Contributory (Secondary) Nephritis. Purpura. &

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) A. V. Hawkbower M. D.

2/9 1912 (Address) Hagerman Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hagerman — DATE OF BURIAL: Feb 9 1912

20. UNDERTAKER: Mona — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 173

Registered No. 15

1. PLACE OF DEATH. Registration District No. 6

County of Lincoln Primary Registration District No. 2016

City of Shoshone (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Albert Haskell Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: unknown — 4 (Month) 2 (Day) 1912 (Year)

7. AGE: 76 years — [redacted] yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Blacksmith
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Williams
(Address) Shoshone Idaho

15.
Filed Apr. 3 1912 C. L. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1912, to April 2 1912 that I last saw h[redacted] alive on 4/2 1912, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows: [redacted]
General senile degeneration

(Duration) 10 yrs. — mos. — ds.

Contributory (Secondary) Heart weak

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Dee Hospital In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Shoshone — DATE OF BURIAL: 4/4/12 1912

20. UNDERTAKER: O J Brennan — ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 173
Registered No. 17

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Lincoln
City of Richfield
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2016
(No. ..... St.)

2. FULL NAME Edwin Rothrock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Feb (Month) 14 (Day) 1855 (Year)

7. AGE: 57 yrs. — mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Carpenter
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nat Salem Ill.

10. NAME OF FATHER Joel Rothrock

11. BIRTHPLACE OF FATHER (State or Country) South Carolina

12. MAIDEN NAME OF MOTHER Susan Williams

13. BIRTHPLACE OF MOTHER (State or Country) South Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. E. McReynolds
(Address) Richfield Ida

15.
Filed Mar. 14 1912 C. E. Zellers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191—, to ——— 191—
that I last saw h— alive on ——— 191—,
and that death occurred on the date stated above, at 10:45 P M.

The CAUSE OF DEATH* was as follows:
Heart failure
complicated with
Rheumatism
(Duration) — yrs. — mos. 10 ds.

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) C. E. McReynolds M. D.
3-15-1912 (Address) Richfield Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Richfield — DATE OF BURIAL: Mar. 14 1912

20. UNDERTAKER: None — ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1739
Registered No. 17

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 1010
(No. West Court St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arvel L Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 25 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Weiser, Idaho

10. NAME OF FATHER: Isadore Smith

11. BIRTHPLACE OF FATHER (State or Country): Weiser Idaho

12. MAIDEN NAME OF MOTHER: Adelia Alice Killaran

13. BIRTHPLACE OF MOTHER (State or Country): Willow Creek Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C C Conant
(Address) Weiser Idaho

15. Filed March 31 1912 W R Kuenzli
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1912, to Mar. 30th 1912
that I last saw h— alive on Mar 30th 1912
and that death occurred on the date stated above, at 1.30 P M.

The CAUSE OF DEATH* was as follows:
Inanition
Premature Birth. 7 months

(Duration) — yrs. — mos. 6 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) C C Conant M. D.
3/31 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Idaho
DATE OF BURIAL: 3/31 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2112
File No. 174
Registered No. 17

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. ....., ..., St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bartlett Janey Walker.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: Oct (Month) 21 (Day) 1819 (Year)

7. AGE: 92 yrs. 4 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): No Carolina

10. NAME OF FATHER: ———

11. BIRTHPLACE OF FATHER (State or Country): ———

12. MAIDEN NAME OF MOTHER: ———

13. BIRTHPLACE OF MOTHER (State or Country): ———

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Cyrus Walker
(Address) Weiser Idg

15.
Filed March 21st 1912
M. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1911, to Mar 25 1911
that I last saw him alive on Mar 25th 1911
and that death occurred on the date stated above, at 3:30 M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary) Senility
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Swanton M. D.
3/22 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Van Wert Iowa
DATE OF BURIAL: 1912

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser Idg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1741
Registered No. 16.

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 2112
(No. 12 Miles, Up Mangus Creek St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Esther L. Morgan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Feb. (Month) — 22 (Day) — 1912 (Year)
7. AGE: — yrs. 3 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Manns Crk. Weiser Ida.
10. NAME OF FATHER: Jesse Morgan
11. BIRTHPLACE OF FATHER (State or Country): State of Oregon
12. MAIDEN NAME OF MOTHER: Esther A. Ledington
13. BIRTHPLACE OF MOTHER (State or Country): State of Idaho.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Ledington
(Address) Weiser Ida.
15. Filed March 15th 1912 — Wm R. Hamilton — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) — 15 (Day) — 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 5 a. M.
The CAUSE OF DEATH* was as follows:
No physician's attendance
Info. from Information desk — was due to Pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm R. Hamilton (Health Officer) M. D.
3/15 1912 (Address) Weiser, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Galloway Cemetery — DATE OF BURIAL: Mch. 16 1912
20. UNDERTAKER: R. W. Bowen — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1742
Registered No. 13

1. PLACE OF DEATH. Registration District No. 26
County of Clark Primary Registration District No. 1910
City of Weiser (No. East Commercial St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Ford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ——— (Month) ——— (Day) 1884 (Year)

7. AGE: 28 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Missouri

10. NAME OF FATHER: Charles B. Ford

11. BIRTHPLACE OF FATHER (State or Country): ———

12. MAIDEN NAME OF MOTHER: ———

13. BIRTHPLACE OF MOTHER (State or Country): ———

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Payne
(Address) Weiser, Idaho.

15. Filed March 14th 1912 — Dr R Hamilton — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March — 11 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw him alive on March — 11 — 1912
and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Drop Dead
..... (Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Alcoholism
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) R. W. Bowen, Coroner
March 12, 1912 (Address) Weiser, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Brunswick, Missouri — DATE OF BURIAL: Mar 17 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174
Registered No. 14

1. PLACE OF DEATH.
County of Wash
City of Weiser
Registration District No. 2
Primary Registration District No. 2 12
(No. 5 miles north of Weiser St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Elsie A. Verley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. – 18 1880 (Month) (Day) (Year)

7. AGE: 32 yrs. 1 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Iowa

10. NAME OF FATHER: Wm Woodland

11. BIRTHPLACE OF FATHER (State or Country): State of New York

12. MAIDEN NAME OF MOTHER: Rhoda Wilcox

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Woodland
(Address) Midvale Idaho.

15.
Filed March 2nd 1912 — W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 1 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1912, to March 1 1912
that I last saw h[illegible] alive on February 28 1912
and that death occurred on the date stated above, at 3 a. M.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. 6 mos. ..... ds.
(Signed) James A Young M. D.
3/5 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho. DATE OF BURIAL: Mar 3 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser, Ida.,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174
Registered No. 13

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2114
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah Cora Course.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Mar. (Month) 1 (Day) 1829 (Year)

7. AGE: 83 yrs. 9 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Rancher
(b) General nature of industry business or establishment in which employed (or employer) Cook.

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER Joseph ~~Ed~~ Simes.

11. BIRTHPLACE OF FATHER (State or Country) Unknown.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (State or Country) Unknown.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles C. Sherman
(Address) Cambridge Ida.

15. Filed Jan 6 1912 — L. E. Elliott, Pub~~Local~~ Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1911, to Jan 5 1912 that I last saw her alive on Dec 27 1911 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Paralysis general

(Duration) ..... yrs. 6 mos. 1 ds.
Contributory (Secondary) Valvular Disease of heart
(Duration) 2 yrs. 1 mos. ' ds.

(Signed) C E Schuyler M. D.
Jan 5 1912 (Address) Cambridge Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida. DATE OF BURIAL: Jan 7 1912

20. UNDERTAKER: Jas. A. Hudelson ADDRESS: Cambridge Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174.
Registered No. 11

1. PLACE OF DEATH.
County of Ownyhee
City of Bruneau

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma C. Harlan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH March 20 1876
(Month) (Day) (Year)

7. AGE 35 yrs. 11 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ills.

10. NAME OF FATHER George M. Stiles

11. BIRTHPLACE OF FATHER (State or Country) Canada

12. MAIDEN NAME OF MOTHER Mary Canning Lowe

13. BIRTHPLACE OF MOTHER (State or Country) N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno. Harlan
(Address) Bruneau, Ida

15. Filed March 8 1917 J. M. Tarbet Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH March 8 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1917, to March 8 1917
that I last saw her alive on March 8 1917
and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was, as follows:
Septicaemia

..... (Duration) ..... yrs. ..... mos. ✓ ds.
Contributory (Secondary) Jaundice
..... (Duration) ..... yrs. 1 mos. 8 ds.

(Signed) J. M. Tarbet M. D.
Mch 8 1917 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bruneau, Ida	Mch 10 1917

20. UNDERTAKER	ADDRESS
O. F. Larsen	Bruneau Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174
Registered No. 12

1. PLACE OF DEATH.
County of Clearwater
City of Orofino.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Hanson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: March 8 (Month) (Day) 1844 (Year)

7. AGE: 68 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Norway.

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Hanson
(Address) Orofino Idaho

15. Filed Mch 8 1912 W. Fairly Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 8 (Month) (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1910., to Mar 8th 1912.
that I last saw h[illegible] alive on Mar 3 1912.
and that death occurred on the date stated above, at 20. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.
Insanity.

..... (Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity.
..... (Duration) 3 yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
Mar 25 1912 (Address) Orofino Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orofino, Idaho
DATE OF BURIAL: Mch 9 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174
Registered No. 63

1. PLACE OF DEATH.
County of Clearwater
City of Gilbert Ida (No. ....., ... St.)

Registration District No. 17
Primary Registration District No. 2078

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah Caroline McCary

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 23 (Day) 1841 (Year)

7. AGE: 70 yrs. 5 mos. 18 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Wm Beasley

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: Rebecca Mathews

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Rowland
(Address) Gilbert Ida

15. Filed Mch 13 1912 — W McCarty Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1911, to March 10 1912 that I last saw h[illegible] alive on Mar 1912 and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Cedema Dropsy

..... (Duration) ..... yrs. 6 mos. — ds.

Contributory (Secondary) Diabetes of Long Duration

..... (Duration) ..... yrs. 6 mos. — ds.

(Signed) W. McCary M. D.

Mch 11 1912 (Address) Gilbert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orofino Ida — DATE OF BURIAL: Mch 17 1912

20. UNDERTAKER: [illegible] — ADDRESS: Gilbert Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 174
Registered No. 14

1. PLACE OF DEATH.
County of Clearwater
City of Ahsahka

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary D McIntosh

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May (Month) Ninth (Day) 1883 (Year)
7. AGE: 28 yrs. 10 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): North Dakat
10. NAME OF FATHER: Albert A McIntosh
11. BIRTHPLACE OF FATHER (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Monroe
13. BIRTHPLACE OF MOTHER (State or Country): Canada
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Abe Armstrong
(Address) Ahsahka Idk
15.
Filed Mch 22 1912 J M Tarbly Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 22" (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 1909, to Mch 1912 that I last saw her alive on Dec 1st 1911 and that death occurred on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonalis
(Duration) 2 yrs. 9 mos. — ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Tarbly M. D.
Mch 22 1912 (Address) Orofino, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orofino, Idaho — DATE OF BURIAL: Mch 24 1912
20. UNDERTAKER: W. E. Haddock — ADDRESS: Gifford Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1749
Registered No. 14

1. PLACE OF DEATH.
County of Blaine
City of Soldier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

2. FULL NAME Susie Gardner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 1 (Day) 1893 (Year)

7. AGE: 19 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Soldier, Idaho

10. NAME OF FATHER: Walter Gardner

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Hannah Driscoll

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Gardner
(Address) Soldier Idaho

15. Filed Apr 1 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-29-1912, to 3-31-1912 that I last saw her alive on 3-31-1912, and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 ds.

Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
3-31-1912 (Address) Soldier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soldier — DATE OF BURIAL: 4-1-1912

20. UNDERTAKER: [illegible] — ADDRESS: Soldier

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYRNES-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1750

Registered No. 15

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1023

County of Blaine

City of Soldier (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elsie V. Hutton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 3 (Day) 1891 (Year)

7. AGE: 21 yrs. — mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Nebr.

10. NAME OF FATHER: Alexander H. Hutton

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Mary E Lucas

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alexander H Hutton
(Address) Lincoln Nebr

15. Filed Mar 10 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-28 1912, to 3-6 1912 that I last saw h[illegible] alive on 3 6 1912, and that death occurred on the date stated above, at 7:00 M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 11 mos. — ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dewitt Wright M. D.

3 7 1912 (Address) Soldier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, If not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soldier Ida — DATE OF BURIAL: 3-7-1912

20. UNDERTAKER: [illegible] — ADDRESS: Soldier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2

County of Blaine — Primary Registration District No. 2024 — File No. 1751

City of Moore — (No. ....., ... St.) — Registered No. 17

If death occurs away from usual residence, give facts called for under special information:

2. FULL NAME Rhoda Maria Taylor

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W.	Married

6. DATE OF BIRTH: June (Month) 2 (Day) 1859 (Year)

7. AGE: 52 yrs. 9 mos. 9 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: John Fenton Shields

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary Howell.

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. M. A. Jones
(Address) Moore Ida.

15. Filed Mar 15 1912 — Robert H. Smith, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1912, to Mar 11 1912
that I last saw her alive on Mar 11 1912
and that death occurred on the date stated above, at 9.45 P M.

The CAUSE OF DEATH* was as follows:
Pneumonic Phthisis
..... (Duration) ..... yrs. ..... mos. 8 ds.
Contributory (Secondary) Pulmonary Hemorrhage
at intervals (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) D. W. Matthews M. D.
Mar 12 1912 (Address) Arco, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Acting Moore — DATE OF BURIAL: Mar 13, 1912

20. UNDERTAKER: Pulliam & Le Fever — ADDRESS: Arco Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Moore
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024
(No. ....., ... St.)

File No. 1752
Registered No. 18
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Catherine Parker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Sept 27 1827 (Month) (Day) (Year)

7. AGE: 84 yrs. 5 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio. New York.

10. NAME OF FATHER: Nathanal Green

11. BIRTHPLACE OF FATHER (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: Not known.

13. BIRTHPLACE OF MOTHER (State or Country): Not known.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Ella Bennettes
(Address) Mackay Idaho

15. Filed Mar 20 1912 Robert H Leigh Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 13 1912, to Mar 15 1912
that I last saw h[illegible] alive on Mar 13 1912,
and that death occurred on the date stated above, at 8.30a M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D W Matthias M. D.
Mar 15 19 12 (Address) Arco, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: acting Moore — DATE OF BURIAL: Mar 16 1912

20. UNDERTAKER: Mrs. Mary Hill — ADDRESS: Moore, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of New Meadows
(No. ..... , ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 2012

File No. 175
Registered No. 4
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Peter Pollis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Greek.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown
Mch. (Month) 22nd (Day) 1877 (Year)

7. AGE: 35 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Section Labor
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Greece.

10. NAME OF FATHER: Unknown Greek.

11. BIRTHPLACE OF FATHER (State or Country): Probably Greece.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Greece.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T E Martin M.D.
(Address) New Meadows, Ida.

15.
Filed 3-26 1912 Frank E Bowen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Mch. (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7:15 p.m. Mch 20 1912, to 8:30 p.m. Mch 20 1912, that I last saw him alive on Mch 20 — 1912, and that death occurred on the date stated above, at 8:30 p.M.

The CAUSE OF DEATH* was as follows:
Accidentally Killed by Train

(Duration) ..... yrs. ..... mos. 3 hrs. ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) T E Martin M.D. M. D.
Mch 22nd 1912 (Address) New Meadows Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Baker
DATE OF BURIAL: 3-28 1912

20. UNDERTAKER: R. F. Bowen
ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 175
Registered No. 5

1. PLACE OF DEATH. Registration District No. 4
County of Owyhee
City of Murphy (No. New, Murphy St.) Primary Registration District No. 2012

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME H. Neil Dillon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: [redacted] 18 1881
(Month) (Day) (Year)

7. AGE: 31 yrs. 8 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Clinchport Va Scott

10. NAME OF FATHER: Eloy Dillon

11. BIRTHPLACE OF FATHER (State or Country): Scott Co, Va

12. MAIDEN NAME OF MOTHER: Lucinda Rose

13. BIRTHPLACE OF MOTHER (State or Country): Lee Co. Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Loyd Dillon
(Address): Huntington Ut

15. Filed 3-25 1912 Banks Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch. 22nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 20th 1912, to Mch 22nd 1912.
that I last saw him alive on Mch. 22nd 1912.
and that death occurred on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:
Skull Fracture and Shock from amputation. Accidental Injury by Train.

(Duration) — yrs. — mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. E. Martin, M. D.
Mch 22nd 1912 (Address) New Murphy Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kuna Idaho. DATE OF BURIAL: 3/24 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD of HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of Council
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 20 11
(No. ....., ... St.)

File No. 175
Registered No. 3
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Billie W. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH: June (Month) 7 (Day) 1861 (Year)

7. AGE: 50 yrs. 10 mos. 4 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Plymouth - Ins

10. NAME OF FATHER: ~~Billie W~~ W. W. Wilson

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Mary Colbert

13. BIRTHPLACE OF MOTHER (State or Country): Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hallie Wilson
(Address) Council

15.
Filed 3-26 1912 Frank L. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15 — 1912, to Mar 11 1912 that I last saw h~~im~~er alive on 3-10 1912, and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonary
Galloping
(Duration) 9 yrs. mos 2 wks ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank L Brown M. D.
3-26 1912 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: ~~Cross~~ Cambridge
DATE OF BURIAL: 3-13 1912

20. UNDERTAKER: Cassitt & Young
ADDRESS: Council Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 175
Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lorett Rowland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 18 (Day) 1873 (Year)

7. AGE: 38 yrs. 4 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Jas. DeForrest

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Elizabeth Holden

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lee Rowland
(Address) .....

15. Filed 4-0 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28th 1912, to March 2nd 1912, that I last saw h[illegible] alive on Oct 28th 1912 and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:
Cerebral causes brought on from lack of nutrition

..... (Duration) ..... yrs. 3 mos. ..... ds.
Contributory Operation
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
3/2 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 3-4 1912

20. UNDERTAKER: J. Vassar
ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 207
(No. ....., ... St.)

File No. 175
Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Montgomery alias Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 9th (Day) 1882 (Year)

7. AGE: 19 yrs. 8 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer): Circus property man

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Sylvester Montgomery

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Sarah Huffman

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. T. Branaham
(Address) Lewiston Idaho

15.
Filed 4-6 1912
L. J. Jenkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1911, to Mar 5 1912
that I last saw h in alive on Mar 5 1912
and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Sarcoma on left cheek

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. T. Branaham Supt. Co Hospital M. D.
19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place County Hospital In the city of Lewiston
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence: City of Lewiston

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 3-6 1912

20. UNDERTAKER: J. J. Vassar
ADDRESS: City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M:7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 1750
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Hays

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March (Month) 5 (Day) 1912 (Year)

7. AGE: 0 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Nez Perce County Idaho

10. NAME OF FATHER: O. Rufus Hays

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Joyce Roadruck

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. R. Hays
(Address) Lewiston Idaho

15.
Filed 4-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1912, to March 5 1912
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Premature birth
Child lived but three hours

..... (Duration) ..... yrs. 0 mos. 0 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Todd M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Clarkston Wash
DATE OF BURIAL: 9-6 1912

20. UNDERTAKER: H. P. Merchant
ADDRESS: Asotin Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1761

Registered No. 21

1. PLACE OF DEATH.

Registration District No. 16

Primary Registration District No. 1609

County of Nez Perce

City of Lewiston (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Willard W. Watson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 6 (Day) 91 (Year)

7. AGE: 20 yrs. 9 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer) Teamster

9. BIRTHPLACE (State or Country) Genesee Ida

10. NAME OF FATHER Chas Watson

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Clara J. Dearing

13. BIRTHPLACE OF MOTHER (State or Country) Ore.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Charles Watson
(Address) 0201 25th St.

15.
Filed 4-10 1917 A. J. Sisteson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 7th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 13 1917, to Mar 7 1917
that I last saw him alive on Mar 7 1917
and that death occurred on the date stated above, at 9 a. M.
The CAUSE OF DEATH* was as follows:

Peritonitis

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Appendecitis
..... (Duration) ..... yrs. ..... mos. 2 3 ds.
(Signed) A. L. Logsdon M. D.
Mar 7th 1917 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Mar 8 1917

20. UNDERTAKER: J. Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALT
Bureau of Vital Stati

OF DEATH. Perce
t Peth

Registration District No. 16
Primary Registration District No. 2075
(No. ....., ... St.)

File No. 1762
Registered No. 22

way from us-
e facts called
information.

2. FULL NAME William Lafayette Billings

If death occurred in a hospit
stitution or camp give its
instead of street and num

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

E OF BIRTH: [illegible] 1 1911
(Month) (Day) (Year)

AGE: 67 yrs. 9 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

3. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Evan P Powell
(Address) Pierce Idaho

15.
Filed 3-8 191 2
4-10 1912
J. M. Tyler
Local Registrar

4VMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Mch (Month) 7 (Day) 19 (Y

17. I HEREBY CERTIFY, That I attended deceased
Aug 191 1, to Mch 7 19
that I last saw him alive on Feb. 24 19
and that death occurred on the date stated above, at 9 A
The CAUSE OF DEATH* was as follows:
Cerebral tumor

(Duration) yrs. 6 mos.

Contributory (Secondary)
(Duration) yrs. mos.

(Signed) J M Jones
Mch 16 19 2 (Address) Pierce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, s
MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institu
Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Melrose Idaho
DATE OF BU: 3-9 19

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be
CIANS should state CAUSE OF DEATH in pla
ment of OCCUPATION is very important. See inst

WRITE PLAINLY, WITH

Form V. S. No. 5 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEA
Bureau of Vital St

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. ....., ... St.)

File No. 17
Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amilda B. DeDonato

If death occurred in a hos
stitution or camp give it
instead of street and nu

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 12 (Day) 1879 (Year)

7. AGE: 33 yrs. 10 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: — Marshall

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: — Russell

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Carroll
(Address) Peck.

15.
Filed 4-10 1912 L. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1911, to Mar 8 1912
that I last saw her alive on Mar 8 1912
and that death occurred on the date stated above, at 3 A M.
The CAUSE OF DEATH* was as follows:

~~Uterine Carcinoma~~
Edema of the Lungs
(Duration) one yrs. mos. 13 ds.
Contributory Uterine Carcinoma
(Secondary)
(Duration) yrs. mos. 5 ds.
(Signed) J. F. Hurlburt M. D.
3/9 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Peck Ida

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: 3/11 1912

20. UNDERTAKER: J. Bassar ADDRESS: Lewiston Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 3073
City of Culdesac (No. ..... St.)
File No. 176
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Philip John

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Red	Single

6. DATE OF BIRTH Jan. (Month) ..... (Day) 1907 (Year)

7. AGE 5 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nez Perce Co.

10. NAME OF FATHER John Fellow Post

11. BIRTHPLACE OF FATHER (State or Country) Nez Perce Co.

12. MAIDEN NAME OF MOTHER Tot sah Imp

13. BIRTHPLACE OF MOTHER (State or Country) Nez Perce Co

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louie Bonnehyu
(Address) Culdesac Id.,

15.
Filed Mar 9 1912 J. H. Randall Local Registrar
4-10-1912 L. J. Sevins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Mar (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Result of injury
(Fall from wagon)
..... (Duration) ..... yrs. 2 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. H. Randall M. D.
Mar 9 1912 (Address) Culdesac

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: on premises of Parents DATE OF BURIAL: 3-10 1912

20. UNDERTAKER: Chas E Carlisle ADDRESS: Culdesac

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 176
Registered No. 26

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1605
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ellen Edward Hollingsworth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct 10 1907 (Month) (Day) (Year)

7. AGE: 4 yrs. 5 mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lenore Idaho

10. NAME OF FATHER: Edward Hollingsworth

11. BIRTHPLACE OF FATHER (State or Country): Ark

12. MAIDEN NAME OF MOTHER: Hester Powel

13. BIRTHPLACE OF MOTHER (State or Country): Miss

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. E. Hollingsworth
(Address) 718 4th. st

15.
Filed 4-10 1912
L. Watkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 10 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb - 23 1912, to Mar. 10 1912
that I last saw him alive on Mar. 10 1912
and that death occurred on the date stated above, at 1. P. M.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever.

— (Duration) — yrs. — mos. 16 ds.
Contributory (Secondary) Valvular lesion.
— (Duration) — yrs. — mos. 3 ds.

(Signed) A. N. McFarland M. D.
3/10 1912 (Address) Idaho Trust Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lenore Ida. DATE OF BURIAL: 3-12 1912

20. UNDERTAKER: J. Vassar ADDRESS: Lewiston Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 176

Registered No. 23

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. 5-A + 5 Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harriet F Morris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 13 (Day) 1855 (Year)

7. AGE: 57 yrs. 8 mos. 25 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: William Wallace

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Duncan

13. BIRTHPLACE OF MOTHER (State or Country): Penna.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Morris
(Address) Lewiston Idaho

15.
Filed 4-10 1912
J. Burbidge
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to March 14 1912
that I last saw her alive on March 14 1912
and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:
Valvular disease of the heart

(Duration) Yrs yrs. — mos. — ds.

Contributory (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) J. H. Morris M. D.
March 15 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 3-16 1912

20. UNDERTAKER: J. Glasser
ADDRESS: Lewiston Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1765
Registered No. 29

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. 818, 6th Ave, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. A. Pease

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Feb. (Month) 10 (Day) 1857 (Year)

7. AGE: 61 yrs. 1 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lawyer & Ex
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: A. Kimpton

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Sarah M. Rollins

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Vern Pease
(Address) Bozeman Montana

15. Filed 4-10 1912 R. J. Hutchins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 1912, to March 18 1912 that I last saw her alive on March 18 1912 and that death occurred on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:
Cancer of Liver

(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Cancer of Liver
(Duration) 3 yrs. — mos. — ds.

(Signed) Edgar L. White M. D.
March 18 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Lewiston Ida. yrs. 3 mos. — ds. In the State Residence yrs. 3 mos. — ds.
Where was disease contracted, if not at place of death? Bozeman Mont.
Former or usual residence Bozeman Mont.

19. PLACE OF BURIAL OR REMOVAL: Bozeman Mont. DATE OF BURIAL 191

20. UNDERTAKER: C. Vassar ADDRESS: Lewiston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1770
Registered No. 85

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. ..... St. Joseph Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lower Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 11 (Day) 1[illegible] (Year)

7. AGE: 6 yrs. [illegible] mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: scholar
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho Co.

10. NAME OF FATHER: E. L. Anderson

11. BIRTHPLACE OF FATHER (State or Country): Arkansaw

12. MAIDEN NAME OF MOTHER: Mary J. Collins

13. BIRTHPLACE OF MOTHER (State or Country): Georgia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary J. Anderson
(Address) Lolite Ida

15. Filed 4-10 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 22nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 1912, to March 22 1912
that I last saw her alive on March 22 1912
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:
Peritonitis Fecal Infection
as result of appendicitis

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary): Operation
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. P. Downs M. D.
March 23rd 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 10 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Lolite Ida
Former or usual residence: Lolite Ida

19. PLACE OF BURIAL OR REMOVAL: Lolite Ida
DATE OF BURIAL: ..... 191[illegible]

20. UNDERTAKER: J. Cassar
ADDRESS: Lewiston Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1771
Registered No. 81

1. PLACE OF DEATH.
County of Kootenai
City of Cameron (No. ....., ... St.)
Registration District No. 16
Primary Registration District No. 2076

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elzie Bird.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Nov (Month) 30 (Day) 1837 (Year)

7. AGE: 75 yrs. 6 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: Dont know

11. BIRTHPLACE OF FATHER (State or Country): " " "

12. MAIDEN NAME OF MOTHER: " " "

13. BIRTHPLACE OF MOTHER (State or Country): " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elsie Dunnland
(Address)

15. Filed 4-10 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Mar 25 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Apoplexy
he died Suddenly
(Duration) — yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr J D Stoutenburgh M. D.
19... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cameron — DATE OF BURIAL: 3/24 1912

20. UNDERTAKER: Stoddard & Smith — ADDRESS: Bonners Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 2073
City of Culdesac (No. ..... St.)
File No. 1777
Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William A Ivory (Long Bill)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: Mar. (Month) 28 (Day) 1912 (Year)

7. AGE: 78 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranches
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown,

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Hyman by Chas Henderson
(Address) Culdesac Ida,

15.
Filed 3/29 1917
4-10-17
J. H. Randall Local Registrar
J. Durkin

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 29 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20 1917, to Mar. 25 1917 that I last saw him alive ~~on~~ in January 1917 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) Unknown yrs. ..... mos. ..... ds.

Contributory (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Randall M. D.

3/29 1917 (Address) Culdesac Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: On Premises — DATE OF BURIAL: 3/30 1917

20. UNDERTAKER: Chas E Carlisle — ADDRESS: Culdesac

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1711
Registered No. 83

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. 703, 8th-Ave, St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph C. Dubois

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 1 (Month) (Day) 1840 (Year)

7. AGE: 72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Conrad

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Rose Dove
(Address): Lewiston

15.
Filed 4-10 1912 D. V. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 29 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191, to — 191
that I last saw him alive on March 29 1912
and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:
Probable heart disease
He had no attending Physician
was dead when I was called
(Duration) — yrs. — mos. — ds.
Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) W. H. Morris M. D.
March 30 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 3/31 1912

20. UNDERTAKER: J. Hassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1

County of Ada — Primary Registration District No. 2008 — File No. 177

City of Meridian — (No. ....., ... St.) — Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ova J. Marcum

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Febr. (Month) 7 (Day) 1882 (Year)

7. AGE: 30 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry, business or establishment in which employed (or employer): Ranch work

9. BIRTHPLACE (State or Country): Mo. near Greenfield

10. NAME OF FATHER: Wm K. Marcum

11. BIRTHPLACE OF FATHER (State or Country): Tenn —

12. MAIDEN NAME OF MOTHER: Marietta V. Hubree

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Marcum
(Address) Meridian Idaho

15.
Filed 2-8 1912 C. L. Dalton Local Registrar
Mar 15 1912 E. E. Shawhan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Febr. (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Febr 7 1912 that I last saw h.. alive on Febr 7 1912 and that death occurred on the date stated above, at 6.30 P. M.

The CAUSE OF DEATH* was as follows:
Brain complication from Sunstroke
..... (Duration) 1 yrs. 6 mos. ..... ds.
Contributory (Secondary) Sunstroke
..... (Duration) 1 yrs. 6 mos. ..... ds.

(Signed) J. H. Neal M. D.
Febr 8 1912 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery — DATE OF BURIAL: 2-8-1912

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 177

Registered No. 14

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 1

County of Ada — Primary Registration District No. 2003

~~City of~~ White Pine — (No. Elm County St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clarence Pinckard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 28 (Month) (Day) Sunday 1909 (Year)

7. AGE: 2 yrs. 8 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ada Co Idaho

10. NAME OF FATHER: James Pinckard

11. BIRTHPLACE OF FATHER (State or Country): Boonville Texas

12. MAIDEN NAME OF MOTHER: Mary Brown

13. BIRTHPLACE OF MOTHER (State or Country): Bonville Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Crowder

(Address) Boise Ada R.D. No 1.

15.

Filed Feb 20 1912 C. L. Sutton Local Registrar

March 15, 1912 — E. E. Sheridan

SYMS-YORK CO., INC., BUSINESS FORMS, BOISE, IDAHO

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February — 20th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 — 1912, to Feb 20th 1912 that I last saw him alive on Feb 19 — 1912, and that death occurred on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia —

(Duration) ..... yrs. ..... mos. 17 ds.

Contributory (Secondary): Cerebro Spinal Meningitis

(Duration) — yrs. — mos. 10 ds.

(Signed) C. L. Sutton M. D.

Feb 20 1912 (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place ..... In the

of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted,

If not at place of death?

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Joplin Cemetery — DATE OF BURIAL: Feb 21 1912

20. UNDERTAKER: J. L. Crowder — ADDRESS: Boise R/1

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1776
Registered No. 15

1. PLACE OF DEATH.
County of Ada
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003,
(No. Granville Orchards St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Glen Shaw

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug 9 (Month) 5 (Day) 1911 (Year)

7. AGE: 0 yrs. 6 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) —

9. BIRTHPLACE (State or Country): Ada County Ida

10. NAME OF FATHER: Walter G Shaw

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Mattie Glen

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter G Shaw
(Address) Boise Idaho

15. Filed Mar 2 1912 C. L. Sutton Local Registrar

Mar 5, 1912 G. E. Shawhan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March First (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to March 1 1912 that I last saw h in alive on March 1 1912, and that death occurred on the date stated above, at 7 15 P.M.

The CAUSE OF DEATH* was as follows:
Tonsilitis
(Duration) yrs. 3 mos. ds.
Contributory (Secondary) Indigestion
(Duration) yrs. mos. ds.

(Signed) H. F. Neal M. D.
Mar 2 1912 (Address) Meridian, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cem. DATE OF BURIAL: May 3 1912

20. UNDERTAKER: Grey & Summers ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

VYMS-YORK DOCUMENTERS BINDERS SCIENTIFIC 8679

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 177

Registered No. 76

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 1

Primary Registration District No. 2003

County of Ada

City of Meridian (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ——— Parker ———

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb — (Month) 25 — (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): ———

9. BIRTHPLACE (State or Country): Near Upper Fairview School House

10. NAME OF FATHER: C. Ray Parker

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: May McMullan

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Parker
(Address) .....

15. Filed Mch 3 1912 C. E. Sutton Local Registrar

Mch 5, 1912 C. E. Shawhan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased
Feb. 25 1912, to Mch 2
that I last saw h.er alive on Mch. 2
and that death occurred on the date stated above, at 1[illegible]

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) H. F. Neal M. D.
Mch 3 1912 (Address) Meridian Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery — DATE OF BURIAL: Mch 3 — 1912

20. UNDERTAKER — none — ADDRESS —

SYMS-YORK CO., DENVER, COLO. 572

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. 3 miles S.W. Boise St.)

File No. 177
Registered No. 17
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thos Moscow Wolfe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 21 (Day) 1912 (Year)

7. AGE: yrs. 1 mos. 27 ds. IF LESS than 1 day how many .....hrs.or .....min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: none infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: O.P. Wolfe

11. BIRTHPLACE OF FATHER (State or Country): Va.

12. MAIDEN NAME OF MOTHER: Florence E. Markham

13. BIRTHPLACE OF MOTHER (State or Country): Nevada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O.P. Wolfe
(Address) 3 mi S.W. Boise Ida.

15.
Filed March 20, 1912 G.E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 19 1912, to Mar 19 1912 that I last saw h[illegible] alive on Mar 19 1912, and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) 4 yrs. 4 mos. 3 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) R.F. Isham M. D.
3/20 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs.... mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: March 21 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: Boise, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 7004
(No. 1920 N. 18th St.)

File No. 1770
Registered No. 18
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Grace Lewella Gillam

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar 1st 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise, Idaho

10. NAME OF FATHER: Thos Gillam

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Viola Hurt

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. Gillam
(Address) Boise, Idaho.

15. Filed Mar 26 1912 G. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1912, to Mar 24, 1912, that I last saw her alive on Mar. 24, 1912, and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Whooping Cough
(Duration) about yrs. mos. 24 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) G. E. Shawhan, M. D.
Mar 29, 1912 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence. 1920 N. 18th Boise

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery — DATE OF BURIAL: 3/27 1912

20. UNDERTAKER: Schreiber & Siderfaden — ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Dr. Shawhan.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1781
Registered No. 12

1. PLACE OF DEATH.
County of Custer
City of Macray, (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2054

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Antonio Tam

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November 14. (Month) (Day) 1867 (Year)

7. AGE: 44 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins

8. OCCUPATION
(a) Trade, profession or particular kind of work: Quartz Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: John Tam

11. BIRTHPLACE OF FATHER (State or Country): Italy.

12. MAIDEN NAME OF MOTHER: Johanna Tam

13. BIRTHPLACE OF MOTHER (State or Country): Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. P. Richards M.D.
(Address) Macray, Idaho.

15.
Filed April 4th 1912 C. E. Kirby Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 27th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24" 1912, to Mch 27" 1912 that I last saw h. alive on March 27" 1912 and that death occurred on the date stated above, at 3P M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonic Phthisis

..... (Duration) ..... yrs. 4 mos. ..... ds.

Contributory (Secondary) Acute Endo carditis

..... (Duration) 5 yrs. 4 mos. ..... ds.

(Signed) L. P. Richards - M. D.

3/28 1912 (Address) Macray, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mosby Cem — DATE OF BURIAL: 3-29 1912

20. UNDERTAKER: E. F. Baden — ADDRESS: Bradley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 178
Registered No. 10

1. PLACE OF DEATH.
County of Custer
City of Challis
Registration District No. 14
Primary Registration District No. 2061
(No. Challis Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Stacio Giacomini

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Don't Know (Month) (Day) 1860. (Year)

7. AGE: 52 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: Tony Giacomini

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Don't Know.

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Phillip Maraffio
(Address) Clayton, Ida.

15. Filed April 8th 1912. C. B. Hirsting Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 7 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24 1912, to Apr 7 1912
that I last saw him alive on Apr 7 1912
and that death occurred on the date stated above, at 9.20 A.M.

The CAUSE OF DEATH* was as follows:
Pyaemia
..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) Appendiceal abscess
..... (Duration) ..... yrs. ..... mos. 14 ds.
(Signed) J. W. Kelley M. D.
Apr 8 1912 (Address) Challis

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 14 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Bayhorse, Ida.
Former or usual residence Bayhorse, Ida.

19. PLACE OF BURIAL OR REMOVAL: Challis Ida
DATE OF BURIAL: 4/8 1912

20. UNDERTAKER: A. L. Ebbert
ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Elmore Primary Registration District No. 202
City of Mountain Home (No. ____, ____ St.) File No. 178
Registered No. 9
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Samuel Gray Rhoades
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: Sept 15 (Month) 1844 (Day) 1 (Year)
7. AGE: 67 yrs. 6 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil
(b) General nature of industry business or establishment in which employed (or employer): Engineer
9. BIRTHPLACE (State or Country): West Indies
10. NAME OF FATHER: Alfred A Rhoades
11. BIRTHPLACE OF FATHER (State or Country): Bristol England
12. MAIDEN NAME OF MOTHER: Sarah Gray
13. BIRTHPLACE OF MOTHER (State or Country): Maine
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Electa E. Rhoades
(Address) Mountain Home Idaho
15.
Filed 3 25 1912 W L Fraser Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 1911, to 3-24 1912, that I last saw h[illegible] alive on 3-24 1912, and that death occurred on the date stated above, at 6.30 A.M.
The CAUSE OF DEATH* was as follows: Paralysis of diaphragm, which typed Some of patient gradually Cessation of life
(Duration) yrs. 8 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) W. L. Fraser M. D.
3-24 1912 (Address) Mt Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountain home Idaho — DATE OF BURIAL: Mar 25 1912
20. UNDERTAKER: J M Doran — ADDRESS: Mt home

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 178

Registered No. 10

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 20

County of Elmore Primary Registration District No. 2021

City of Glenn's Ferry (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maria Ella Moore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 12th (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Glenn's Ferry

10. NAME OF FATHER: Albert Moore

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Jessie Watkins

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Davis M. D.
(Address) Glenn's Ferry Idaho

15.
Filed 4-11 1912 W. L. Frazier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 1st 1912, to Mch 1st 1912 that I last saw h[illegible] alive on March 1st 1912, and that death occurred on the date stated above, at 7:30 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 12 hours ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Davis M. D.
Mch 1st 1912 (Address) Glenn's Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Glenn's Ferry Ida. DATE OF BURIAL: Mch 2nd 1912

20. UNDERTAKER: James Watkins ADDRESS: Glenn's Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 8178
Registered No. 6

1. PLACE OF DEATH.
County of Lewis
City of Kamiah
Registration District No. 32
Primary Registration District No. 2128
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jimmy Davis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 23 (Day) 1902 (Year)

7. AGE: 9 yrs. 11 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James Davis

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Susie BlackEagle

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Frank
(Address) Kamiah Idaho.

15.
Filed March 5 1912 — E. Taylor M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH March 5 1912
11 (Month) 19 (Day) 9 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1912, to Mar 5 1912
that I last saw her alive on Mar 4 1912
and that death occurred on the date stated above, at 7 P M.
The CAUSE OF DEATH* was as follows:

Peritonetis

..... (Duration) ..... yrs. 2 mos. 6 ds.
Contributory (Secondary) Injury of Bowels
..... (Duration) ..... yrs. ..... mos. 6 ds.
(Signed) E Taylor M. D.
March 5 1912 (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Kamiah
DATE OF BURIAL: March 5 1912

20. UNDERTAKER: James Davis
ADDRESS: Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lewis
City of Reuben

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 1787
Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Myrtle McAlpin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 6 (Day) 1887 (Year)

7. AGE: 24 yrs. 5 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Whitman Co- Wash-

10. NAME OF FATHER: J L. Scott

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Fronek

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. G. Scott
(Address) Anatone Ida

15.
Filed 3-12-1912 Elton B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1912, to March 8 1912
that I last saw h er alive on March 8 1912
and that death occurred on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Stomach

..... (Duration) 24 yrs. 5 mos. 2 ds.

Contributory (Secondary) Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elton B Rogers M. D.
March 9 1912 (Address) Per G. G. Lester Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Walla Walla, Wash
DATE OF BURIAL: 3-12-1912

20. UNDERTAKER: L D Leonard
ADDRESS: Vollmer Ida

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 32

Primary Registration District No. 2127

File No. 1788

County of Lewis

City of Reubens (No. ....., ... St.)

Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Mustoe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: August (Month) 26 (Day) 1838 (Year)

7. AGE: 73 yrs. 7 mos. 13 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Barber Co. W. Virginia

10. NAME OF FATHER: Wm. K. Mustoe

11. BIRTHPLACE OF FATHER (State or Country): Bath Co. Virginia

12. MAIDEN NAME OF MOTHER: Nancy J. Cash

13. BIRTHPLACE OF MOTHER (State or Country): Bath Co. Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha M. Mustoe

(Address) Reubens, Ida.

15.

Filed [redacted] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1911, to March 10 1912, that I last saw him alive on March 10, 1912, and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Parapligia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Pulmonary oedema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

3-10 1912 (Address) Reubens, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Reubens, Idaho

DATE OF BURIAL: Mch 11, 1912

20. UNDERTAKER: L D Leon [redacted] Valmer, Ida.

SYMS - YORK CO.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lewis
City of Ilo

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 179
Registered No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Treasa Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	married

6. DATE OF BIRTH: March 25 1846 (Month) (Day) (Year)

7. AGE: 65 yrs. 11 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Ludwig

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: not Known

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry P. Brokaw
(Address) Ilo. Idaho.

15. Filed March 26 1912 Elton P. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 21 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1912, to March 21 1912, that I last saw her alive on March 16 1912 and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of uterus

..... (Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Mitral Regurgitation
..... (Duration) 5 yrs. — mos. — ds.
(Signed) H. C. Parrish M. D.
March 22 1912 (Address) Ilo, Idaho,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ilo, Idaho, I.O.F. Cemetary — DATE OF BURIAL: March 23 1912

20. UNDERTAKER: Ilo Hardware & Imp. Co — ADDRESS: Ilo, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 32
County of Lewis Primary Registration District No. 2127
City of Vallmer (No. ....., ... St.)
File No. 1791
Registered No. 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ray Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Not Known (Month) ..... (Day) 1901 (Year)

7. AGE: 11 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Schoolboy
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pomroy Wash.

10. NAME OF FATHER: M. F. Young

11. BIRTHPLACE OF FATHER (State or Country): Washington.

12. MAIDEN NAME OF MOTHER: M. O'Kieff

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Family & Facts from this neighborhood
(Address) Soon after Death of boy

15. Filed 3-2-1912 Elbert B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb. 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1911, to Feb 2 1912
that I last saw h[illegible] alive on Feb 2 1912
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Chorea

..... (Duration) ..... yrs. 4 mos. ..... ds.
Contributory (Secondary) Endocarditis
..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) E L Rogers M. D.
3/1 1912 (Address) Vallmer, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Llo, Ida. DATE OF BURIAL: 2, 4 1912

20. UNDERTAKER: none employed. ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.
County of Fremont
City of Victor
Registration District No. 9
Primary Registration District No. 2037
(No. ....., ... St.)
If death occurs away from usual residence, give facts for under special information

BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1792
Registered No. 76

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

NAME Richard Drake

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Nov 22 1839 (Month) (Day) (Year)

7. AGE: 73 yrs. 3 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N.Y.

10. NAME OF FATHER: Jacob Drake

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Lena Haden

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Jas H Kunz
(Address): Bates Idaho

15.
Filed Apr 10 1912 Ray. H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw him alive on Aug 29 1909
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
apoplexy

(Duration) 4 yrs. ..... mos. ..... ds.
Contributory (Secondary): Epithelioma on lip
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. P. Crisler M. D.
Mch 6 1912 (Address) Driggs Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Victor
DATE OF BURIAL: Mch 8 1912

20. UNDERTAKER: W. S. Thompson
ADDRESS: Victor

SYMS-YORK CO., PRINTERS & BINDERS, BOISE

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 179
Registered No. 45

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2037
City of Driggs (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Thacker Penfold

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May (Month) 16 (Day) 1852 (Year)

7. AGE: 60 yrs. 6 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Wm Thacker

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Jonks

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isabella P. Morgan
(Address) Driggs Idaho

15. Filed Apr 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1912, to Mch 1 1912
that I last saw h e r alive on Feb 28 1912
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Hemorraghic Pachymeningitis

..... (Duration) ..... yrs. 1 mos. 14 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ora D. Keith M. D.
Mch 5 1912 (Address) Driggs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Victor
DATE OF BURIAL: 3-3 1912

20. UNDERTAKER: J. F. Grigg
ADDRESS: Driggs Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 179
Registered No. 48

1. PLACE OF DEATH.
County of Fremont
City of St Anthony (No. ....., ... St.)
Registration District No. 9
Primary Registration District No. 2038

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Walter Millar

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mch (Month) 11 (Day) 1871 (Year)

7. AGE: 41 yrs. 16 ds. mos. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Grain Dealer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Robert D. Millar

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Henrietta Head

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm D. Yager
(Address) St Anthony

15. Filed Apr 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 20 1912 to Mch 27 1912
that I last saw him alive on Mch 27 1912
and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
and general peritonitis

..... (Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Probably a fall
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. M. Harshbarger M. D.
Mch 27 1912 (Address) St Anthony

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Anthony
DATE OF BURIAL: Mch 29 1912

20. UNDERTAKER: Wm D. Yager
ADDRESS: St Anthony

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Rexburg (No. ....., ... St.)
File No. 179
Registered No. 56
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Wm. W. Starboard
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 11 1840 (Month) (Day) (Year)

7. AGE: 71 yrs. 10 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Old soldier
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. W. W. Starboard
(Address) Rexburg - Idaho

15. Filed 3-20 1912 G. G. Espe M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) – 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-18 1912, to 3-19 1912 that I last saw him alive on 3-18 1912, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Arterio sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. G. Espe M. D.
19 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 3-21 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Rexburg (No. ....., ... St.)
File No. 179
Registered No. 55
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Alice Fikstead
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
F.	W.	Child

6. DATE OF BIRTH: Nov. (Month) 4 (Day) 1911 (Year)

7. AGE: ..... yrs. 4 mos. 13 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Rexburg

10. NAME OF FATHER Oscar Fikstead

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Alice J. Ricks

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Fikstead
(Address) Rexburg - Idaho

15. Filed 3-18 1912 G. G. Esplin M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1911, to Mar. 17 1911 that I ~~last~~ saw her alive on dead ~~whether~~ seen 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Probably pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Walker M. D.
19... (Address) Rexburg - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg DATE OF BURIAL: -19 1912

20. UNDERTAKER: John Phillips ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted] ½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Tibbard
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2039

File No. 180
Registered No. 453

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Bishop

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W.	Baby

6. DATE OF BIRTH 3 – 17 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ——
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Henry Bishoff

11. BIRTHPLACE OF FATHER (State or Country) Russia

12. MAIDEN NAME OF MOTHER Kate Weimer

13. BIRTHPLACE OF MOTHER (State or Country) Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Bishoff
(Address) .....

15. Filed 4-4 1912 G. G. Eshe, M.D., Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 4 – 3 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from —— 191..., to —— 191...
that I last saw h— alive on —— 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Probably pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) G. G. Eshe M. D.
19..... (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Rexburg
DATE OF BURIAL 4-4 1912

20. UNDERTAKER None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. County of Fremont City of Rexburg

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

File No. 1801
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Gorden F. Walker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: Mar. 1 (Month) 1906 (Year)

7. AGE: 6 yrs. mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Wm. Walker

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Catherine A. Peterson

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Walker
(Address) Rexburg

15. Filed Apr. 12 1912 — G. G. Esplin, M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9 1912, to Mar. 12 1912 that I last saw him alive on Mar. 11 1912 and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. C. Ormsby M. D.
3-12 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello
DATE OF BURIAL: 3-13 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idah
BOARD OF HEA
Bureau of Vital St

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2040
City of Labelle (No. ....., ... St.)
File No. 184
Registered No. 47

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Baby Hutchins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: Oct (Month) 26 (Day) 1908 (Year)

7. AGE: 0 yrs. 4 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Labelle Ida

10. NAME OF FATHER: Joseph M Hutchins

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Margret Walters

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Hutchins
(Address) Labelle

15.
Filed Apr 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 21 1912 to Mch 23 1912
that I last saw him alive on Mch 22 1912
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Simple Croup followed by Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Parton M. D.
Mch 23 1912 (Address) Rigby Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Labelle
DATE OF BURIAL: Mch 25 1912

20. UNDERTAKER: M. J. Peck & Sons
ADDRESS: Rigby Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Menan

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

File No. 180
Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Poole

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Mar. 6 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 13 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John M. Poole

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Louie ~~Lewis~~ Lewis

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Lewis
(Address) Annis

15. Filed Apr. 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 19 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 6 1912, to Mar. 19 1912 that I last saw her alive on Mar. 13 1912 and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Spina Bifida – the type – Syringo-myelocele

..... (Duration) ..... yrs. ..... mos. 13 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Melton M. D.
3-19 1912 (Address) Menan

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Annis
DATE OF BURIAL: 3-19 1912

20. UNDERTAKER: Friends
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD of HEALTH
Bureau of Vital Statistics

File No. 1804

Registered No. 12

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Bancroft

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10

Primary Registration District No. 2048

(No. ....., ...)

2. FULL NAME Stillborn Madsen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	W	

6. DATE OF BIRTH: Feb (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many 2 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Ernest A. Madsen

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Belle Larsen

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest A. Madsen

(Address) Bancroft, Ida.

15.

Filed March 31 1912 Ellis Kackley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1912, to Feb 26 1912 that I last saw h[illegible] alive on Feb 26 1912, and that death occurred on the date stated above, at 6 a. M.

The CAUSE OF DEATH* was as follows:

Premature birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. J. Smith M. D.

3/29 1912 (Address) Bancroft, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Chesterfield, Idaho — DATE OF BURIAL: Feb 28, 1912

20. UNDERTAKER: Pp Lamont — ADDRESS: Chesterfield Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1805
Registered No. 17

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1006
(No. ....., ... St.)

2. FULL NAME Victor E Ballou

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE About
40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Yard Brakeman
(b) General nature of industry business or establishment in which employed (or employer) O.S.L.R.R. Yards

9. BIRTHPLACE (State or Country) ×

10. NAME OF FATHER ×

11. BIRTHPLACE OF FATHER (State or Country) ×

12. MAIDEN NAME OF MOTHER ×

13. BIRTHPLACE OF MOTHER (State or Country) ×

Was found dead & also to have fractured base of skull on left side from moving car. Body to be taken to Boise for burial.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J.H. Murray
(Address) Nampa Idaho

15.
Filed 2/29/ 191 2 O.R. Bellew M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Feby. 18th 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 ..... ; to ..... 191 .....
that I last saw him alive on ..... 191 .....,
and that death occurred on the date stated above, at 3:31 A. M.
The CAUSE OF DEATH* was as follows:
Was found dead with fracture of base of skull on left side - fell from moving car.

× (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.H. Murray M. D.
Feby 29 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death × yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence ..... Removal

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
To Boise Idaho	Feby 19 1912

20. UNDERTAKER	ADDRESS
Shellenberger	Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1806
Registered No. 15

1. PLACE OF DEATH.
County of Canyon
City of Nampa (No....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1006

2. FULL NAME Otto Eberhard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feby (Month) Third (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nampa Idaho

10. NAME OF FATHER: Hermann Eberhard

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Barbara Kramer

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. F. Murray M.D
(Address) Nampa Idaho

15. Filed Feb 29 1912 W. O. B. Beller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 3 1912, to Feby 7 1912, that I last saw him alive on Feby 3 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Did not see him before death, — Probably caused by some heart weakness
(Duration) was not known to be sick yrs. ..... mos. ..... ds.

Contributory (Secondary) —
(Duration) — yrs. ..... mos. ..... ds.

(Signed) O. F. Murray M. D.
Feby 10 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence: x

19. PLACE OF BURIAL OR REMOVAL: Kohler Lawn Nampa Ida — DATE OF BURIAL: Feby 8 1912

20. UNDERTAKER: Otto Eberhard (Father) — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2006
(No. ....., ... St.)

File No. 1807
Registered No. 16
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME David W Townsend

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 22 (Day) [illegible] (Year)

7. AGE: 76 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: David Townsend

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Nagh

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edgar Townsend
(Address) Nampa Ida

15.
Filed 2/29/12 191... O B Beller M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
2 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Drowned by Hanging
..... (Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.
(Signed) No Physician M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa
DATE OF BURIAL: 2/21 191[illegible]

20. UNDERTAKER: F. K. Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1808
Registered No. 18

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
(No. ....., ... St.)
Registration District No. 3
Primary Registration District No. 1006
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Martha J Parks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr (Month) 5 (Day) 1858 (Year)

7. AGE: 53 yrs. 9 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Thos. Quigley

11. BIRTHPLACE OF FATHER (State or Country): Not ascertained

12. MAIDEN NAME OF MOTHER: Martha J. Quigley

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. D. Callaway M.D.
(Address) Nampa Ida

15.
Filed 2/29/1912
O B Bell Reg
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 31 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1911, to Jan 30 1912
that I last saw her alive on Jan 30 1912
and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
General Anasarca due to mitral & aortic regurgitation causing cardiac Dilatation
Contributory (Duration) present yrs. when I last saw her mos. ds.
(Secondary) Acute Rheumatism
Last (Duration) 18 yrs. affection mos. ds.

(Signed) D. D. Callaway M. D.
Feb 1 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF BURIAL: 2/3/1912

20. UNDERTAKER: F. R. Robinson — ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALT
Bureau of Vital Stati

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)
File No. 1809
Registered No. 19
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hosp stitution or camp give its instead of street and num
2. FULL NAME Gordon Wm Strode

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): —

6. DATE OF BIRTH: Dec (Month) 30 (Day) 1911 (Year)

7. AGE: — yrs. 2 mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Jno Strode

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Annie E Marain

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J H Baker
(Address) Nampa Ida

15. Filed 2/29/ 191 2 O B Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 28 (Day)

17. I HEREBY CERTIFY, That I attended deceased Feb 20 191 2, to Feb 28 1
that I last saw him alive on Feb 28/ 1
and that death occurred on the date stated above, at 7

The CAUSE OF DEATH* was as follows:
Acute Bronchitis.

..... (Duration) ..... yrs. ..... mos. 9
Contributory (Secondary): General debility
..... (Duration) ..... yrs. ..... mos.

(Signed) O B Beller
2/29/ 19 12 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Instit Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rosedale Lawn Nampa Ida — DATE OF BU 2/28
20. UNDERTAKER: J. K. Robinson — ADDRESS Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2076
City of Greenleaf (No. ____, ____ St.) File No. 1810
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Not named Registered No. 28
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 26 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 3/4 ds. IF LESS than 1 day how many 18 hrs. or 20 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canyon Co, Idaho

10. NAME OF FATHER: Virgil Ford

11. BIRTHPLACE OF FATHER (State or Country): Ida

12. MAIDEN NAME OF MOTHER: Grace C. Corder

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Virgil Ford
(Address) Greenleaf

15. Filed 2/13 1912 W. J. Clarke Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan-26 1912., to Jan. 26 1912. that I last saw h[illegible] alive on Jan. 26 1912, and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Failure to intake by or change from foetal circulation & that of the regular "A blue tal"
(Duration) ____ yrs. ____ mos. 1 3/4 ds.
Contributory (Secondary) Imperfect General development a few months only
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Fullerton Riddell M. D.
Jan. 3/ 19 12 (Address) Greenleaf

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. 3/4 ds.
Where was disease contracted, if not at place of death? at place of residence
Former or usual residence same

19. PLACE OF BURIAL OR REMOVAL: Don't know
DATE OF BURIAL: Don't know 191[illegible]

20. UNDERTAKER: Had none
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1511

Registered No. 21

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
(No. ....., ... St.)

Registration District No. 3
Primary Registration District No. 2005

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Marguerite McAdams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July 31, 1903 (Month) (Day) (Year)
7. AGE: 8 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Washington
10. NAME OF FATHER: James W McAdams
11. BIRTHPLACE OF FATHER (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Anna Wolf
13. BIRTHPLACE OF MOTHER (State or Country): Missouri
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James W. McAdams
(Address) Caldwell Idaho
15. Filed Feb. 10 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 9 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1912, to Feb 9 1912 that I last saw her alive on Feb. 9 1912, and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows: Diffuse Peritonitis
..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary): Ruptured Gastric Ulcer
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. M. Kelley M. D.
Feb 10 1912 (Address) Caldwell Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: Feb 11 1912
20. UNDERTAKER: W C Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1103
(No. ....., ... St.)

File No. 1812
Registered No. 22
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Pete Hansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): No record

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1867 (Year)

7. AGE: 45 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Refused to give any record.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R C Bull
(Address) Caldwell

15. Filed Feb 10 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 1912 to Feb 8 1912
that I last saw him alive on Feb 8 1912
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows: Typhoid fever and Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R C Bull M. D.
Feb 9 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: Feb 16 1912

20. UNDERTAKER: W E Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3

County of Canyon Primary Registration District No. 2-005

City of Middleton (No. ....., ... St.)

File No. 1813

Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oriola E King

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April 28 (Month) (Day) 1876 (Year)

7. AGE: 35 yrs. 9 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dress Maker
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): White Co Ills

10. NAME OF FATHER: John King

11. BIRTHPLACE OF FATHER (State or Country): East Tenn

12. MAIDEN NAME OF MOTHER: Susan Shull

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E Shaw
(Address) Middleton

15. Filed Feb 19 1912 R C Bu[redacted] Local [redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1912, to Feb 14 1912 that I last saw her alive on Feby 14, 1912, and that death occurred on the date stated above, at 5 30 P M.

The CAUSE OF DEATH* was as follows:
Heart Trouble (Valvular lesion)

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary): Contributary

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J W Hamer M. D.

Feby 15 1912 (Address) Middleton

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Removed to Comm Ills. DATE OF BURIAL: 2/15 1912

20. UNDERTAKER: W E Dyer ADDRESS: Caldwell

Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1814
Registered No. 24

1. PLACE OF DEATH.
County of Canyon
City of Sunny Slope (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005

2. FULL NAME Infant daughter of W. P. Holtan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Feb 23 (Month) (Day) 1 (Year)
7. AGE: ..... yrs. ..... mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Sunny Slope
10. NAME OF FATHER: W. P. Holtan
11. BIRTHPLACE OF FATHER (State or Country): Vermont
12. MAIDEN NAME OF MOTHER: Hattie Crompany
13. BIRTHPLACE OF MOTHER (State or Country): Vermont
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Law Rran
(Address) .....
15. Filed Feb 1 1912 R C Rudd Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3 (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 3/1/12 1912, to 3/1/12 1912 that I last saw h[illegible] alive on 3/1/12 1912, and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH was as follows:
Icterus
(Duration) ..... yrs. ..... mos. 1 day ds.
Contributory (Secondary) Morbus
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. W. Johnson M. D.
Mar 1 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pleasant Ridge
DATE OF BURIAL 1912
20. UNDERTAKER: A. E. Platt
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1815
Registered No. 25

1. PLACE OF DEATH.
County of Canyon
City of Notus
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2007
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George William Chapman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: October (Month) 4 (Day) 1910 (Year)

7. AGE: One yrs. five mos. three ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Canyon Idaho

10. NAME OF FATHER: E W Chapman

11. BIRTHPLACE OF FATHER (State or Country): Moberly Mo.

12. MAIDEN NAME OF MOTHER: Eva Johnston

13. BIRTHPLACE OF MOTHER (State or Country): Moberly Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. W. Chapman
(Address) Notus Idaho

15. Filed Mar 9 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4th 1912, to Mar. 7th 1912, that I last saw him alive on Mar. 7th 1912, and that death occurred on the date stated above, at 11.30 M.

The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia
..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Whooping Cough
..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. M. Henry M. D.
Mar 8 1912 (Address) Notus Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery
DATE OF BURIAL: 3/9 1912

20. UNDERTAKER: W E. Dyer
ADDRESS: Caldwell. Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bureau of Vital Statistics

File No. 1816

Registered No. 26

1. PLACE OF DEATH.

County of Canyon

City of Caldwell

Registration District No.

Primary Registration District No. 1006

(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Jr. Patton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 18. (Day) 1839 (Year)

7. AGE: 72 yrs. 4 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Jefferson Patton

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: — Grey.

13. BIRTHPLACE OF MOTHER (State or Country): New Jersey

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Laura Patton
(Address): Caldwell.

15. Filed Mar 23 1912 R C Burk. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 22nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1912, to March 22nd 1912 that I last saw h sis alive on March 22nd 1912, and that death occurred on the date stated above, at 1 15 A M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. 1 mos. 22 ds.

Contributory (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) C F Sharp M. D.

Mar 23 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: 3/24 1912

20. UNDERTAKER: W. G. Dye

ADDRESS: Caldwell

Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DE[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1817

Registered No. 27

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Parma
If death occurs away from usual residence, give facts called for under special information.

Registration District No. [redacted]
Primary Registration District No. 2[redacted]
(No. ....., ... St.)

2. FULL NAME Jacob D Vanet

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 56 yrs. 1 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: D Vanet

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (State or Country): Dont know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos Calloway.
(Address) Parma. Ida

15. Filed 3/2 191 2 R J Olsen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 1 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 28 191 2, to Mch 1 191 2 that I last saw h[redacted] alive on Mch 1 191 2, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Paralysis of bowels and intoxication following paralysis 2 25 years.
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Paralysis
(Duration) 25 yrs. ..... mos. ..... ds.
(Signed) R J Olsen M. D.
3/2 191 2 (Address) Parma

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Parma Ida — DATE OF BURIAL: 3/3 191 2

20. UNDERTAKER: Platt Peckham — ADDRESS: Parma.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 3007
City of Parma (No. ..... St.)
File No. 1818
Registered No. 28

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robt William Kirkpatrick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January 15 (Month) - 15 (Day) 1850 (Year)

7. AGE: 62 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Thomas Kirkpatrick

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Guylinger

13. BIRTHPLACE OF MOTHER (State or Country): Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chauncey Kirkpatrick
(Address) Parma Ida

15.
Filed 3/30 1912
R. P. Allen
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1911, to March 16 1912
that I last saw him alive on March 11 1912,
and that death occurred on the date stated above, at 2:15 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(Duration) 2 yrs. about yrs. ..... mos. ..... ds.
Contributory (Secondary) oedema of lungs, and general oedema
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. B. Allen M. D.
3-30 1912 (Address) Parma, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Parma Ida — DATE OF BURIAL: 3/30 1912

20. UNDERTAKER: Platt Peckham Co — ADDRESS: Parma Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 6872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 23
County of Canyon Primary Registration District No. 1006
City of Nampa (No. Valida St.)
File No. 1819
Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Valida Lamoine Packer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S

6. DATE OF BIRTH: May (Month) 5 (Day) 1911 (Year)

7. AGE: yrs. 10 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: /
(b) General nature of industry business, or establishment in which employed (or employer): /

9. BIRTHPLACE (State or Country): Nampa

10. NAME OF FATHER: E J Paker

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Ida M Peevers

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Packer.
(Address) Nampa Ida

15. Filed 3/10/1912 O B Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7 1912, to March 8 1912 that I last saw h[illegible] alive on Mar 7 1912, and that death occurred on the date stated above, at 1 o a M.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis

(Duration) — yrs. — mos. 1 0 ds.
Contributory (Secondary) General weakness Contd

(Duration) — yrs. — mos. — ds.

(Signed) O B Beller M. D.
3/10 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Idaho
DATE OF BURIAL: 3/10/1912

20. UNDERTAKER: F. E. Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 2003
File No. 1820
Registered No. 30

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah Catherine Marsh
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed.
6. DATE OF BIRTH: ~~April 2nd~~ Dec 1842 (Month) (Day) (Year)
7. AGE: 69 yrs. 4 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or 45 min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Oswego, New York State
10. NAME OF FATHER: John M. Storm.
11. BIRTHPLACE OF FATHER (State or Country): New York
12. MAIDEN NAME OF MOTHER: Ruth Parkhurst
13. BIRTHPLACE OF MOTHER (State or Country): New York.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Minna G. Marsh-Stewart
(Address) Caldwell, Idaho.
15. Filed April 3 1912 R C Bull. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 2 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 28 1912, to April 2 1912
that I last saw her alive on Mar 30 1912
and that death occurred on the date stated above, at 3 A. M.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R C Bull M. D.
April 3 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orchard Cem. — DATE OF BURIAL: April 3 1912
20. UNDERTAKER: W C Hyn — ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...YER-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1821
Registered No. 28

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace, (No. Hunter Mine St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Murphy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: Abt. 24 yrs. — mos. — ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not known,

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward
(Address) Wallace, Ida,

15. Filed Mar. 27, 1912 A. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to ..... 191.....
that I last saw h.. alive on ..... 191.....
and that death occurred on the date stated above, at 12.30 P.M.
The CAUSE OF DEATH* was as follows:
A Slide of rock fell & Caught Body
(Duration) ..... yrs. Instant ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. W. Mowery M. D.
Mar 27 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Butte Mont. DATE OF BURIAL: Mar 29 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District No. 3008

City of Fruitland (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Ralph H. Ingard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Nov (Month) 9 (Day) 188[illegible] (Year)

7. AGE: 31 yrs. 3 mos. 6 ds. IF LESS than 1 day, how many ..... hours ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Daniel L Ingard

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Dora Moody

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daniel L Ingard
(Address) Payette Idaho

15. Filed March 16 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE

E OF DEATH March 15 (Month) (Day)

I HEREBY CERTIFY, That I attended [illegible] March 11th 1912, to March 15th

I last saw him alive on March 15th

at death occurred on the date stated above, at 9 [illegible]

USE OF DEATH* was as follows: Pronounced Pulmonary Tuber[illegible]

[illegible]

uration) 2 yrs. — mos. — d

Contribu[illegible] Fraternal Association & Trust

(Seconda[illegible]

on) yrs. 3 mos. 4

(Signed) [illegible]kin Wright M.

March 16, 1912 (Address) Fruitland Ida

*State the DISEASE C[illegible]H; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and [illegible]OCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF [illegible]CE (For Hospitals, Institutions, Transients or Rec[illegible]nts.)

At place of death.....yrs..... m[illegible]ds. In the State.....yrs.....mos.....d

Where was disease contracted, If not at place of death?.....

Former or usual residence..... Removal

19. PLACE OF BURIAL OR REMOVAL: Upper Sandusky Ohio DATE OF BURIAL: Mar 17 191[illegible]

20. UNDERTAKER: D H Adair ADDRESS: Payette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District [redacted]

City of Fruitland (No. [redacted], [redacted] St.)

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Irvin [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Infant

6. DATE OF BIRTH: Mar (Month) 17 (Day) 191[illegible] (Year)

7. AGE: [illegible] yrs. 6 mos. 11 ds. IF LESS than 1 day, how many [illegible] hours [illegible] min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Henry Fussing

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Almeda Grimes

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amanda J. Fussing
(Address) Fruitland Ida.

15. Filed March 18 1912. J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

[illegible] DEATH March (Month) [illegible] (Day)

I HEREBY CERTIFY, That I attended deceased from March 15th 1912, to March 17 1912

I last saw him alive on March 17 1912

that death occurred on the date stated above, at [illegible]

CAUSE OF DEATH* was as follows: Acute Indigestion Type of Bronchi[illegible] Pneumonia, following chronic indigestion.

[illegible] (Duration) [illegible] yrs. [illegible] mos. 2 ds.

Contributory (Secondary) Chronic indigestion

[illegible] (Duration) [illegible] yrs. 3 mos. [illegible] ds.

(Signed) [illegible] Wright M. D.

[illegible] (Address) Fruitland Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recents.)
At place of death [illegible] yrs [illegible] mos [illegible] ds. In the State [illegible] yrs [illegible] mos [illegible] ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: Mar 18 1912

20. UNDERTAKER: J. N. Adair — ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

County of Canyon

City of Payette

If death occurs away from usual residence, give facts called for under special information.

Registration District No. [redacted]

Primary Registration Distri[redacted]

(No. ....., ...)

2. FULL NAME Peter A. [redacted]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

Nov (Month) 9 (Day) 1870 (Year)

7. AGE

41 yrs. 4 mos. 19 ds.

IF LESS than 1 day, how many ..... hrs. ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Copper miner

(b) General nature of industry business, or dstablishment in which employed (or employer) Foreman

9. BIRTHPLACE (State or Country) Canada

10. NAME OF FATHER Irene E. Lanoureaux

Took the name of [illegible] when naturalized.

11. BIRTHPLACE OF FATHER (State or Country) Canada

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs D B Smalley

(Address) Payette Idaho

15.

Filed March 28 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE

DATE OF DEATH

March (Month) 28 (Day)

I HEREBY CERTIFY, That I attended deceased from Mch 26 1912, to Mch 28

last saw him alive on Mch 28 19

and that death occurred on the date stated above, at 7 A.

CAUSE OF DEATH* was as follows:

Perforating Gastric Ulcer.

(Duration) yrs. mos. ds.

Peritonitis Chronic Appy.

(Duration) 7 yrs. mos. ds.

(Signed) Crouch M. D.

3/28 1912 Payette Ida

*State the DISEASE CAUSING [illegible] Deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE [illegible] Hospitals, Institutions, Transients or Recent [illegible]

At place of death ..... yrs ..... mos ..... days. [illegible] ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Payette Ida — DATE OF BURIAL May 30 1912

20. UNDERTAKER D. H. Adair — ADDRESS Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District No. 2008

City of New Plymouth (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME John

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Dec 31 1856 (Month) (Day) (Year)

7. AGE: 61 yrs. 2 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: James Dillon

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Harris C. Dillon New Plymouth

15. Filed Apl 3 1912 J C Woodward Local Registrar

[redacted]

...TE OF DEATH

March 2... (Month) (Day)

I HEREBY CERTIFY, That I attended ... ley ... 1912, to Mch ...

t saw h... alive on ... Mch ... 0...

...death occurred on the date stated above, at 4...

T...E OF DEATH* was as follows:

...monary Tuberculosis.

(Duration) several yrs. ..... mos. ..... ds.

Cont... (Se...

...tion) ..... yrs. ..... mos. ..... ds.

(Sign... ...Drysdale M. D.

...ress) New Plymouth Ida

*State ... CA... ...in deaths from VIOLENT CAUSES, stats (1) MEANS O... ...d 2) ...NTAL, SUICIDAL or HOMICIDAL.

18. LEN... ...F RES... (For Hospitals, Institutions, Tra... Recent ...ents.)

At place of death ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence ..... Removed

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Albion Neb. DATE OF BURIAL: Mar 25 191...

20. UNDERTAKER: J H Adair ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...YME-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11. CERTIFICAT[illegible]EATH

1. PLACE OF DEATH. Registration District No. [illegible]

County of Canyon Primary Registration Distri[illegible]2008.

City of [illegible]f Hamm[illegible] (No. [illegible])

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Martha L. [illegible]oaland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan (Month) 29 (Day) 1883 (Y[illegible])

7. AGE: 29 yrs. 2 mos. 13 ds. IF LESS th[illegible] how many [illegible] min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Samuel C. Dunn

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Martha A. Stewart

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Hoagland
(Address) Emmett, Idaho

15.
Filed Mar 29 1912. J. L. Reynolds Local Registrar

MEDICAL CERTIFICAT[illegible]

E OF DEATH
March 2[illegible] 12
(Month) (Day)

I HEREBY CERTIFY, That I attended dec[illegible]
on 2[illegible] 1912, to Mar 26
last saw h[illegible]es alive on Mar 26 19[illegible]
death occurred on the date stated above, at 3 p[illegible]

SE OF DEATH* was as follows:
Pneumonia

(Duration) [illegible] yrs. [illegible] mos. 9 ds.
Contr[illegible]
(Seco[illegible])
[illegible]ion) [illegible] yrs. [illegible] mos. [illegible] ds.
(Signed) [illegible] Reynolds M. D.
[illegible]-29 (Address) Emmett Ida

*State the DISEASE [illegible]H; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and [illegible]CCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF [illegible]NCE (For Hospitals, Institutions, Transients or Re[illegible]esidents.)
At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: Mar 2[illegible] 1912

20. UNDERTAKER: C. D. Bucknum
ADDRESS: Emm[illegible]

[illegible]YMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

[illegible]mation should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration No. 208

City of Emmett (No. ....., ...)

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Charles A. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word)

6. DATE OF BIRTH: [illegible] (Month) [illegible] (Day) [illegible] (Year)

7. AGE: 54 yrs. 6 mos. 14 ds. If LESS than 1 day, how many ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Henry Cakes

11. BIRTHPLACE OF FATHER (State or Country): Massachusetts

12. MAIDEN NAME OF MOTHER: Informant didnt Know

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. E. Cakes

(Address) Emmett Ida

15.

Filed 3-28 1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE

TE OF DEATH: May 29
(Month) (Day)

I HEREBY CERTIFY, That I attended de[ceased] from [illegible] 1912, to May 28 [illegible]

last saw h[im] alive on May 28 19[12]

t death occurred on the date stated above, at 1:10 a. M.

USE OF DEATH* was as follows:

General Paresis

[illegible] History yrs. 9 mos. ds.

C[ontributory] Negative

[illegible] yrs. mos. ds.

(S[pecify]) 1:30 o'clock M. D.

[illegible] 19[12] [illegible]dress) Emmett Ida

*S[tate] DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS; (2) ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: Mar 30 1912

20. UNDERTAKER: O. D. Bucknum — ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 182
Registered No. 19

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.
(No. Wallace Hospital St.)
Registration District No. 28
Primary Registration District No. 1011
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Christ Hurst
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)
7. AGE: 83 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Penn.
10. NAME OF FATHER: Not known.
11. BIRTHPLACE OF FATHER (State or Country): Not known
12. MAIDEN NAME OF MOTHER: Not known.
13. BIRTHPLACE OF MOTHER (State or Country): Not known.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. O. Ward.
(Address) Wallace
15. Filed MAR 2 - 1912 191...
F. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1912, to Mar 1 1912 that I last saw him alive on Feb 29 1912 and that death occurred on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows:
Uraemia
(Duration) ... yrs. 1 mos. 2 ds.
Contributory (Secondary) Hypertrophied Prostate
(Duration) 10 yrs. ... mos. ... ds.
(Signed) Dr. Howarth M. D.
Mar 1 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos 3 ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wardner Ida. DATE OF BURIAL: Mar. 3 191...
20. UNDERTAKER: A. O. Ward. ADDRESS: Wallace Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1830
Registered No. 20

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Elite Hotel St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Katherine Curran

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April 5th 1854 (Month) (Day) (Year)

7. AGE: 57 yrs. 10 mos. 24 ds. IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa.

10. NAME OF FATHER: John McKivergan

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Curran
(Address) Wallace Idaho

15.
Filed Mch 4 1912 A. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feby 29th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1911, to Feby 29 1912 that I last saw h~~er~~ alive on Feby 28 1912 and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Myocarditis

(Duration) 4 yrs. 9 mos. 0 ds.
Contributory (Secondary) Carcinoma of Rectum
(Duration) 2 yrs. mos. ds.

(Signed) Dr Mowry M. D.
Mar 2 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ~~yrs~~ mos ds. In the State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Butte, Mont. DATE OF BURIAL: Mar 5 1912

20. UNDERTAKER: H. E. Ward ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

[redacted]

Form V.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1831

Registered No. 81

1. PLACE OF DEATH. Registration District No. 18

County of Shoshone Primary Registration District No. 1011

City of Wallace (No. Providence Hosp. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Paul Edwards

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 12, 1866 (Month) (Day) (Year)

7. AGE: 45 yrs. 7 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Federal M. & S. Co.

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Wm Edwards

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Pearce

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. H. Hayes
(Address) Mace Ida

15. Filed Mch 4 1912 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1912, to Mar 4 1912 that I last saw him alive on Mar 3 1912 and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Gangrenous Appendicitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Dr Mowery M. D.

Mar 4 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Providence Hosp in the
of death ..... yrs ..... mos. 10 ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence Mace, Ida.

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash — DATE OF BURIAL: Mch 6 1912.

20. UNDERTAKER: B. G. Norbell — ADDRESS: Wallace

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1832
Registered No. 47

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. W. McCullough.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Widower (Write the word.)

6. DATE OF BIRTH
(Month) (Day) 1880 (Year)

7. AGE
32 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Miner
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Missouri

10. NAME OF FATHER J. D. McCullough

11. BIRTHPLACE OF FATHER
(State or Country) Iowa

12. MAIDEN NAME OF MOTHER Alice Campbell

13. BIRTHPLACE OF MOTHER
(State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. McCullough
(Address) Dem.

15.
Filed Mar. 4, 1912 F. Leo Lingley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
March 1st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23rd 1912, to March 1st 1912 that I last saw him alive on March 1st 1912 and that death occurred on the date stated above, at 9. A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis T.T. With Gangrene of L. Lung.

(Duration) yrs. mos. 3 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) E. A. Jean M. D.
March 1 1912. (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Ida. In the Wallace Hosp.
of death yrs. mos. ds. State yrs. mos. 3 ds.
Where was disease contracted, if not at place of death? Last Known
Former or usual residence. Dem. Idaho

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: March 4 1912

20. UNDERTAKER: B. G. Marstell
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1833
Registered No. 23

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
(No. Hathaway House, St.)

Registration District No. 28
Primary Registration District No. 10 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Winfield Tibbins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not known. (Month) (Day) 1 (Year)

7. AGE: Abt. 30 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not known

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward
(Address) Wallace

15.
Filed Mar. 10, 1912
H. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 7th 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h alive on Mar 6 191 2
and that death occurred on the date stated above, at 10 P.M.
The CAUSE OF DEATH* was as follows: Hypochrom Poisoning with Suicidal intent

(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Worry
(Duration) ... yrs. ... mos. ... ds.
(Signed) D. A. Morgy M. D.
Mar 9 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: Mar 10 191 2

20. UNDERTAKER: H. P. Ward — ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1834
Registered No. 24

1. PLACE OF DEATH.
County of Shoshone,
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. 303, Pine St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Dorothy Taylor.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 10 (Month) (Day) 1912. (Year)

7. AGE: (5 hrs.) ... yrs. ... mos. ... ds.
IF LESS than 1 day how many 5 hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ---
(b) General nature of industry business or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Wallace, Idaho

10. NAME OF FATHER: Frank Taylor.

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Ruth G. Rooney.

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Taylor
(Address) P.303 Pine St.

15. Filed Mar. 11, 1912. H. Lee Langley, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 10th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1912, to Mar 10 1912
that I last saw her alive on Mar 10 1912
and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Extra uterine asphyxia

(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Congenital Myasthenia, Premature
(Duration) ... yrs. ... mos. ... ds.

(Signed) D.R. Mowry M. D.
Mar 10 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Mar 11

20. UNDERTAKER: H. P. Ward. ADDRESS: ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1835
Registered No. 25

1. PLACE OF DEATH. Registration District No. 24
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. , Bank St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Florence Clark Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 12 (Day) 1885 (Year)

7. AGE: 27 yrs. mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work:
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Massachusetts

10. NAME OF FATHER: C. E. Clark

11. BIRTHPLACE OF FATHER (State or Country): Mass Known

12. MAIDEN NAME OF MOTHER: Carrie Hosford

13. BIRTHPLACE OF MOTHER (State or Country): Massachusetts

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. Leo Quigley
(Address) Wallace Ida

15. Filed March 14, 1912 S. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1912, to March 18 1912
that I last saw her alive on March 18 1912
and that death occurred on the date stated above, at 11 10 P.M.
The CAUSE OF DEATH* was as follows:

Malignant Jaundice

..... (Duration) ..... yrs. ..... mos. One ds.
Contributory Ptomaine Poisoning
(Secondary)
..... (Duration) ..... yrs. ..... mos. 2 ds.
(Signed) S. Leo Quigley M. D.
March 14 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash — DATE OF BURIAL: Mar. 21, 1912
20. UNDERTAKER: Bruce Monteith — ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1836
Registered No. 26

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.

Registration District No. 28
Primary Registration District No. 10 11
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Percy M Childs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):
6. DATE OF BIRTH: June 9th 1875 (Month) (Day) (Year)
7. AGE: 36 yrs. 9 mos. 10 ds.
IF LESS than 1 day how many.....hrs. or .....min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Millman
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): East Smithfield, Penn.
10. NAME OF FATHER: Charles G. Child
11. BIRTHPLACE OF FATHER (State or Country): East Smithfield, Penn
12. MAIDEN NAME OF MOTHER: Florence M. Horner.
13. BIRTHPLACE OF MOTHER (State or Country): Friendship N Y.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles G. Child
(Address) St Paul Minn
15.
Filed Mar. 21, 1912 St. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 19th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 16 1912 to Mar 19 1912
that I last saw h~~im~~ alive on Mar 18 1912
and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) 1 yrs. mos. 6 ds.
Contributory (Secondary) Arteriosclerosis
(Duration) several yrs. mos. ds.
(Signed) Dr Mowry M. D.
Mar 21 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Mullan Idaho. DATE OF BURIAL: Mar. 22 1912
20. UNDERTAKER: H. D. Ward. ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1837
Registered No. 37

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 10 11
City of Wallace Hosp (No. Wallace Hosp St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Irvine.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	White	Single

6. DATE OF BIRTH 1859
(Month) (Day) (Year)

7. AGE 53 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.... Teamster
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER Samuel Irvine

11. BIRTHPLACE OF FATHER (State or Country) Penn.

12. MAIDEN NAME OF MOTHER Matilda Mather.

13. BIRTHPLACE OF MOTHER (State or Country) Maryland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Harriet Cook.
(Address) Sup. Wallace Hosp.

15. Filed March 25 1912 A. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
March 21 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1912, to March 21 1912 that I last saw h[illegible] alive on March 20 1912 and that death occurred on the date stated above, at 9a M.

The CAUSE OF DEATH* was as follows:
Pneumonia Broncho =

..... (Duration) ..... yrs. ..... mos. 11 ..... ds.
Contributory (Secondary) Alcoholism Delirium Tre
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. C. Dillman M. D.
March 21 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Wallace Ida — DATE OF BURIAL 3/25 1912

20. UNDERTAKER J. P. Ward — ADDRESS Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 183

Registered No. 25

1. PLACE OF DEATH. Registration District No. 12

County of Kootenai Primary Registration District No. 1003

City of Coeur d Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME H L Arnold

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1861 (Year)

7. AGE: 51 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Steam Boat Carpt
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Son
(Address) .....

15. Filed 4/10 191 7 D A Swanson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15th 1912, to March 2nd 1912 that I last saw him alive on March 2nd 1912 and that death occurred on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Embolism of the heart

12 (Duration) ..... yrs. ..... mos. 17 ds.
Contributory (Secondary) Fracture of pelvis
..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Jno Beasley M. D.
Mar 2nd 1912 (Address) Coeur D'Alene City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Harrison Idaho
Former or usual residence Harrison Idaho

19. PLACE OF BURIAL OR REMOVAL: Harrison Idaho
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: S J Luer
ADDRESS: Cda

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1840
Registered No. 27

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ..... St.)
Registration District No. 12
Primary Registration District No. 1023

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Johanna Hilding

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 18 (Day) 1859 (Year)

7. AGE: 53 yrs. 1 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Nels Nelson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Mary Madd

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Wilding
(Address) Coeur D'Alene

15.
Filed 4/10 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 5-th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15-th 1912, to March 5th 1912, that I last saw her alive on March 5th 1912, and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular heart disease Causing Cardiac dropsy
(Duration) 1 yrs. — mos. — ds.
Contributory (Secondary)
(Duration) — yrs. — mos. — ds.
(Signed) John Bunby M. D.
Mar 5th 1912 (Address) Coeur Dalene.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. DATE OF BURIAL: March 8 1912

20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur D Alene

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1841
Registered No. 29

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum
Registration District No.
Primary Registration District No. 2051
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stephen Adams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower

6. DATE OF BIRTH: April (Month) 14. (Day) 1826 (Year)

7. AGE: 85 yrs. 10 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Brown Co, Ohio

10. NAME OF FATHER: John Adams

11. BIRTHPLACE OF FATHER (State or Country): Maryland

12. MAIDEN NAME OF MOTHER: Azuba Davis

13. BIRTHPLACE OF MOTHER (State or Country): Penna

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Susan Beck
(Address) Rathdrum Ida.

15.
Filed 4/10 1912
D S Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 9th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 15 1912, to March 9. 1912
that I last saw h[illegible] alive on March 8. 1912
and that death occurred on the date stated above, at 7.30 P M.
The CAUSE OF DEATH* was as follows:
Bronchitis

(Duration) yrs. 3 mos. — ds.
Contributory (Secondary): Old age
(Duration) yrs. mos. ds.
(Signed) Frank O'Neil M. D.
3/11 1912 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Rathdrum
DATE OF BURIAL: 3/11 1912

20. UNDERTAKER: Beck & Kloff
ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1842
Registered No. 30

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 1003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruth Parker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 6 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Coeur D' Alene

10. NAME OF FATHER: Ike Parker

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Hazel Wamsley

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Ouilder
(Address) Coeur D'Alene

15. Filed 4/10 1912 W. D. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1912, to Mar 10 1912
that I last saw h Er alive on Mar. 9 1912
and that death occurred on the date stated above, at 7 P M.
The CAUSE OF DEATH* was as follows:
Meleua neonatorum.

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John Ellwood M. D.
Mar 10 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem
DATE OF BURIAL: March 11 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: C D'A.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1843
Registered No. 31

1. PLACE OF DEATH.
County of Bonneville
City of Pocatello

Registration District No. 12
Primary Registration District No. 2051
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Dexter Neufnagle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 25 (Day) 1911 (Year)

7. AGE: ... yrs. 3 mos. 20 ds.
IF LESS than 1 day how many ... hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dry Goods
(b) General nature of industry business or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Pocatello Idaho

10. NAME OF FATHER: Christian Neufnagle

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Vina M. Hall

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christian Neufnagle
(Address) Pocatello

15. Filed 3/16 1917 D. D. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 14 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1916, to Mar 14 1917
that I last saw him alive on Mar 13 1917
and that death occurred on the date stated above, at 9A M.
The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ... yrs. 3 mos. 20 ds.
Contributory (Secondary) Marasmus
(Duration) ... yrs. ... mos. ... ds.

(Signed) D. D. Brennan M. D.
3/15 1917 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello
DATE OF BURIAL: 3/16 1917

20. UNDERTAKER: L. Peck
ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1844
Registered No. 32

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Antoine Charboneau

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Error 1816 (Month) (Day) 1918 (Year)

7. AGE: 94 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Charboneau
(Address) Coeur D' Alene

15. Filed 4/10 1912 W. S. Sherman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 14 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2 1912, to March 14 1912 that I last saw him alive on March 13 1912 and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:
Myocardial degeneration.

..... (Duration) ..... yrs. ..... mos. 12 ds.
Contributory (Secondary) La Grippe.
..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) John O'Leary M. D.
Mar. 14 1912. (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Thomas Cal. Cem. DATE OF BURIAL ..... 191...

20. UNDERTAKER: Cassidy & Nelson ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1845

Registered No. 33

1. PLACE OF DEATH.

Registration District No.

County of Kootenai

Primary Registration District No. 1003

City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sigurd Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1888 (Year)

7. AGE: 24 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Frank Johnson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Brother Henry
(Address) Wallace Idaho

15. Filed 4/10 1912 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st 1912, to March 15 1912 that I last saw him alive on March 15 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the bowels due to typhoid fever

..... (Duration) ..... yrs. ..... mos. 15 ds.

Contributory (Secondary) Appendicitis

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) John Bunby M. D.

Mar 15 1912 (Address) City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? In Coeur D'Alene City

Former or usual residence Wallace Idaho —

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: Mar 16 1912

20. UNDERTAKER: S J Swan — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Post Falls

Registration District No. 14
Primary Registration District No. 2057
(No. ....., ... St.)

File No. 1846
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isabella Chisholm

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Aug. (Month) 7 (Day) 1866 (Year)

7. AGE: 45 yrs. 7 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Francis Coy

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Sarah Bemau

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Chisholm
(Address) 2603 W 62nd Seattle

15. Filed 4/10 1912 Thos Russell Local Registrar
O. K. Drennan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 15 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1912, to Mar. 15, 1912
that I last saw h[illegible] alive on Mar. 13, 1912
and that death occurred on the date stated above, at 8:30 A.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of breast

..... (Duration) 2 yrs. 6 mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Fisher Prude M. D.
Mar. 15 1912 (Address) Post Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Evergreen Cem Post Falls — DATE OF BURIAL: 3/16 1912

20. UNDERTAKER: Cassedy & Nelson — ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1847

Registered No. 35

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 12

County of Kootenai Primary Registration District No. 2051

City of Athol (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Magdalina Simmons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH: Apr. 24 (Month) (Day) 1911 (Year)

7. AGE: ~ yrs. 11 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ~
(b) General nature of industry business, or dstablishment in which employed (or employer) ~

9. BIRTHPLACE (State or Country) Washington

10. NAME OF FATHER Adopted by D. J. Simmons

11. BIRTHPLACE OF FATHER (State or Country) ~

12. MAIDEN NAME OF MOTHER ~

13. BIRTHPLACE OF MOTHER (State or Country) ~

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. C. E. Clark
(Address) Athol

15. Filed 4/10 1912 D. D. Spencer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 3 (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No Physician 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. D. Spencer M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Athol	3/29 1912

20. UNDERTAKER	ADDRESS
G. R. Hoyt	Harrison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1845
Registered No. 56

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2051
City of Rental (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edgar Charles Parker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 27 (Day) 1852 (Year)

7. AGE: 60 yrs. 1 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N York

10. NAME OF FATHER: Abel J Parker

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Catherine E Michel

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D R Kloss from Mrs Parker
(Address) Rathdrum

15. Filed 4/10 1912 D D Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 18 1912, to Mar 18 1912, that I last saw him alive on Mar 18 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidental Injury in Mill

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D D Drennan M. D.

Mar 19 1912 (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Athol — DATE OF BURIAL: 3/20 1912

20. UNDERTAKER: D R Kloss — ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1850
Registered No. 38

1. PLACE OF DEATH.
County of Kootenai
City of Deamer

Registration District No. 12
Primary Registration District No. 2118
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louis Barbieri

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Italian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Oct 1 (Month) 1867 (Day) (Year)

7. AGE: 44 yrs. 4 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Buenos Ayres, Argentine

10. NAME OF FATHER: Louis Barbieri

11. BIRTHPLACE OF FATHER (State or Country): San Pietrovara Italy

12. MAIDEN NAME OF MOTHER: Catherine Pietrovara

13. BIRTHPLACE OF MOTHER (State or Country): San Pietrovara Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. D. Rankin
(Address) Deamer, Ida

15. Filed March 30 1912
Wm. D. Rankin Local Registrar
E. B. Brennan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 29 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1912, to March 29 1912
that I last saw him alive on March 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Pneumonia. Heart
pulmonary tuberculosis
for 3 or 4 months
(Duration) ? yrs. ? mos. 7 ds.
Contributory (Secondary) Pulmonary Tuberculosis
(Duration) ..... yrs. 4 mos. ..... ds.
(Signed) J. R. Callard M. D.
March 30 1912 (Address) Deamer Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Deamer Ida
DATE OF BURIAL: March 31 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11 [redacted]ATE OF DEATH 1st

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1851
Registered No. 39

1. PLACE OF DEATH. Registration Di[redacted]. 1st
County of Kootenai Primary Registration District No. 2057
City of Spirit Lake (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edna May Carey (Infant)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: February (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Spirit Lake

10. NAME OF FATHER: Henry Carey

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Lucy J Bratterton

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cash D Brindley
(Address) Spirit Lake Ida

15. Filed 4/10 1912 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28 1912, to Mar 31 1912 that I last saw her alive on Mar 31st 1912 and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Meningitis —

(Duration) — yrs. — mos. 4 ds.
Contributory (Secondary) Entero colitis
(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Cash D Brindley M. D.
Apr 1 1912 (Address) Spirit Lake

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake — DATE OF BURIAL: 4/1 1912

20. UNDERTAKER: None — ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1504
(No. near Eichelburger Station)

File No. 1852
Registered No. 103
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Harton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: June (Month) 24 (Day) 1839 (Year)

7. AGE: 72 yrs. 9 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: John Harton

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizabeth Westcott

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chris Harton
(Address) Boise City Idaho

15. Filed 4/25/12 191 W. E. Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 23 (Day) 1912 (Year).

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Apr 23 1912, that I last saw h[e] alive on Apr 20 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pulmonic Pneumonia
(Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Interstitial Nephritis
(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) James L Stewart M. D.
4/24 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 4/23 1912.

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2

Primary Registration District No. 1884

File No. 1853

Registered No. 94

1. PLACE OF DEATH.

County of Ada

~~City of~~ Pierce Park Stat.

(No. near Pierce Park Stat ~~St.~~)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Oscar Carlson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6. DATE OF BIRTH

Dec. (Month) 20 (Day) 1911 (Year)

7. AGE

yrs. 2 mos. 17 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... none .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boise

10. NAME OF FATHER Not obtainable

11. BIRTHPLACE OF FATHER " " (State or Country)

12. MAIDEN NAME OF MOTHER Clara Carlson

13. BIRTHPLACE OF MOTHER not obtainable (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) See Childrens Home

(Address) Boise

15. Filed 4/10/12 191 W. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

April (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ ~~191~~, to ~~191~~, ~~that I last saw h~~ alive on 191, ~~and that death occurred on the date stated above, at~~ M.

The CAUSE OF DEATH* was as follows: without Doctors in attendance according to statement of Mrs. Whitaker Stomache trouble

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M. D. Coroner

19 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: April 11 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of So Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 704

(No. 3 1/2 St x Lincoln ave St.)

File No. 1854

Registered No 56

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Matilda E. Smetherman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 63 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cass Co Mo.

10. NAME OF FATHER: Alex Barnard

11. BIRTHPLACE OF FATHER (State or Country): american

12. MAIDEN NAME OF MOTHER: Amanda Barnard

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Smetherman
(Address) So. Boise

15.
Filed ..... 191 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1912, to Apr. 1st 1912, that I last saw h 5-45 alive on Day Apr. 1st 1912, and that death occurred on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

3 hours (Duration) — yrs. — mos. — ds.

Contributory (Secondary) A.J.C.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. P. Haley M. D.

Apr. 2nd 1912 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence 3 x Lincoln ave So Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 4/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Ida.

Dr. Haley

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1855

1. PLACE OF DEATH.
Registration District No. 2
Primary Registration District No. 1804
County of Elmore
~~City~~ of P.O. Mayfield (No. Mayfield Elmore Co Idaho.)
Registered No. 83
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Owen Ellis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	not obtainable

6. DATE OF BIRTH
not obtainable 1
(Month) (Day) (Year)

7. AGE
about 60 Years
.....yrs. .....mos. .....ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Sheep Herder
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) not obtainable

10. NAME OF FATHER " " "

11. BIRTHPLACE OF FATHER (State or Country) " " "

12. MAIDEN NAME OF MOTHER " " "

13. BIRTHPLACE OF MOTHER (State or Country) " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Sproat
(Address) Mayfield Idaho.

15.
Filed 4/2/12 191
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 1 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from .....191..., to .....191...,
that I last saw h.....alive on.....191...,
and that death occurred on the date stated above, at.....M.
The CAUSE OF DEATH* was as follows:
Apoplexy
.....(Duration).....yrs.....mos.....ds.
Contributory (Secondary) .....
.....(Duration).....yrs.....mos.....ds.
(Signed) Geo. Collett M. D.
.....19.... (Address).....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence Boise

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
Morris Hill Cemetery 4/1 1912

20. UNDERTAKER | ADDRESS
Schreiber & Hidenfaden Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 209, Thatcher St.)

File No. 1856
Registered No. 81
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Monroe Patrick Gainer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 18th (Day) 1911 (Year)

7. AGE: ——— yrs. 9 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Portland, Oregon

10. NAME OF FATHER: Monroe Gainer

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Christine Breen

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. Gainer
(Address) Boise, Idaho

15. Filed 4/2/12 191 [signature] Local Registrar
Dr. Mary Donaldson

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 24th 1912, to April 1st 1912, that I last saw him alive on April 1st 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
The child contracted a heavy cold three weeks prior to death, this developed into Membranous Croup, which caused his death after three weeks (Duration) ——— yrs. ——— mos. 21 ds.
Contributory (Secondary) Cold Croup (Membranous) Sorels (Duration) ——— yrs. ——— mos. 21 ds.

(Signed) Mary E. Donaldson M. D.
19 ..... (Address) Idaho Sanitarium

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence 209 Thatcher St. Boise

19. PLACE OF BURIAL OR REMOVAL: St. Johns Cemetery | DATE OF BURIAL: 4/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise (No. 30 ½ N Washington St.)

File No. 1857

Registered No. 82

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Della Pinnegar

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 21 (Day) 1883 (Year)

7. AGE: 28 yrs. 7 mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: J. H. Palmeden

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Rebakah Smith

13. BIRTHPLACE OF MOTHER (State or Country): [illegible]

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Palmeden
(Address) Boise Ida

15. Filed 4/2/12 191 W. E. Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1912, to April 1 1912 that I last saw h er alive on March 31 1912 and that death occurred on the date stated above, at 7 a M.

The CAUSE OF DEATH* was as follows:
Carcinoma of cervix uteri

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. H. Tallman M. D.

4-1 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 4/2 1912

20. UNDERTAKER: Schreiber & Siebenfaden | ADDRESS: Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2

Primary Registration District No. 1007

File No. 1858

Registered No. 13

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 6th, Washington St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Martin

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 3 (Day) 1912 (Year)

7. AGE: ____ yrs. ____ mos. ____ ds.

IF LESS than 1 day how many 3 hrs. or ____ mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: H. W. Martin

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Mary Thomas.

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. W. Martin
(Address) Boise

15. Filed 4/4 191 2 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from apr 3 1912 to 4/3 1912
that I last saw h[illegible] alive on 4/3 1912
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Premature Birth
7 months babe

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Mrs. C. J. Robbins (Midwife) M. D.
19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: 4/4 1912

20. UNDERTAKER: Schreiber & Siddenfaden — ADDRESS: Boise, Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 442, State St.)

File No. 1853
Registered No. 86
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Timmons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not Obtainable (Month) 1 (Day) (Year)

7. AGE: 48 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Pugh
(Address) Boise, Idaho

15. Filed 4/4 1917 M. A. Hobbs Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1912, to April 3, 1912, that I last saw him alive on April 3, 1912, and that death occurred on the date stated above, at 1 a M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. S. Lyter M. D.
4-4 1917 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs....mos....days. In the St Alphonsus Hospital State ....yrs....mos....days.
Where was disease contracted if not at place of death?
Former or usual residence 1105 E. Franklin St

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery | DATE OF BURIAL: 4/5 1917

20. UNDERTAKER: Schreiber & Siebenfaden | ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. 1001, N. 19 St.)
File No. 1860
Registered No. 87

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marian Hoover.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 30 (Day) 1908 (Year)

7. AGE: 3 yrs. 3 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Muscatine Iowa

10. NAME OF FATHER: Raymond S. Hoover.

11. BIRTHPLACE OF FATHER (State or Country): Muscatine Iowa

12. MAIDEN NAME OF MOTHER: Christie Brown.

13. BIRTHPLACE OF MOTHER (State or Country): Muscatine Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Hoover
(Address) 1005 Harrison Boise

15. Filed 4/5/12 191 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1912, to Apr 4 1912 that I last saw her alive on Apr 4 1912, and that death occurred on the date stated above, at 11:01 AM.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) — yrs. — mos. 4 ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) R. R. Glass M. D.

4/5 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: April 5 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 15th Jeff.

STYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2

County of Ada — Primary Registration District No. 1004

City of Boise — (No. 410, Eighth St.)

File No. 1861

Registered No. 88

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Cyrus Ted McCall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 28½ (Day) 1912 (Year)

7. AGE: 27 yrs. 8 mos. 7½ ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Thomas McCall

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Louisa McCall Ferguson

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs T. M. [redacted]
(Address) Meridian

15. Filed 4/5/12 191 — M E A [illegible] — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28th 1912, to April 4th 1912, that I last saw h[illegible] alive on April 4th 1912, and that death occurred on the date stated above, at 3-10 P. M.

The CAUSE OF DEATH* was as follows:
Edema of Brain
Uremia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Paranchymatous Nephritis.

(Duration) 1 yrs. — mos. — ds.

(Signed) Edward J. Bier M. D.

4/5 1912 (Address) 208 Donna Bldg Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos. 14 days.
Where was disease contracted if not at place of death?
Former or usual residence Lander Idaho

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery — DATE OF BURIAL: 4/6 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 99760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1084
(No. 412, State St.)

File No. 1862
Registered No. 89
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Erastus M. Beemer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar (Month) 25 (Day) 1854 (Year)

7. AGE: 57 yrs. — mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dep U. S. Marshal
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Wilson
(Address) Middleton Idaho

15.
Filed 4/6/12 191 W. E. Hoffbeer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31 1912, to April 4 1912, that I last saw h alive on 191, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo Collesta M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs — mos 3 days. In the State yrs mos days.
Where was disease contracted if not at place of death?
Former or usual residence Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 4/7 1912

20. UNDERTAKER: Schreiber & Siderfaden | ADDRESS: Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.—See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 1007

(No. 201, Main St.)

File No. 1863

Registered No. 90

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Andrew Jackson Stucker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Dec (Month) 14 (Day) 1828 (Year)

7. AGE: 83 yrs. 3 mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Indiana

10. NAME OF FATHER J. Stucker

11. BIRTHPLACE OF FATHER (State or Country) American

12. MAIDEN NAME OF MOTHER not obtainable

13. BIRTHPLACE OF MOTHER (State or Country) not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A. J. Stucker

(Address) Nampa, Ida.

15. Filed 4/7 191 2 M. E. Pfeiffer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4th 191, to April 6th 1912, that I last saw him alive on April 4th 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 0 yrs. 0 mos. 0 ds. five minutes

Contributory (Secondary) Age + natural degeneration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Taylor M. D.

19..... (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence Nampa, Idaho

19. PLACE OF BURIAL OR REMOVAL: Rohrlaugh Cemetery Nampa Ida — DATE OF BURIAL: 4-8-12

20. UNDERTAKER: Schreiber & Eidenfaden — ADDRESS: Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1004
(No. 1507, N. 8th St.)

File No. 1864
Registered No. 91
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna M. Etheridge

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Aug (Month) 23rd (Day) 1882 (Year)

7. AGE: 29 yrs. 7 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Taylor Co, Iowa.

10. NAME OF FATHER: Henry Etheridge

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Mary A. Booker

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H E Etheridge
(Address) Boise

15. Filed 4/18 1912 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ ~~101~~ ~~to~~ ~~101~~, that I last saw h alive on from the ~~101~~, and that death occurred on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
no Contributory in attendance

(Duration) 5 yrs. mos. ds.

Contributory (Secondary)
(Duration) 5 yrs. mos. ds.

(Signed) Adolph Schreiber ~~M. D.~~
19 (Address) Boise Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence. 1507 N. 8th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: 4/18 1912

20. UNDERTAKER: Schreiber & Siebenfaden
ADDRESS: Boise Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1865
Registered No. 94

1. PLACE OF DEATH.
County of Ada
City of Boise
Registration District No.
Primary Registration District No. 1007
(No. 701, Franklin St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cornelia Henrietta Block

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1911 (Year)

7. AGE: — yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: Joseph Block

11. BIRTHPLACE OF FATHER (State or Country): Portland Ore

12. MAIDEN NAME OF MOTHER: Emma Billowes

13. BIRTHPLACE OF MOTHER (State or Country): Palouse Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Block.
(Address) 701 Franklin

15. Filed 4-8 1912 W. E. Pettit Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1912, to April 8 1912, that I last saw h[illegible] alive on April 7 1912, and that death occurred on the date stated above, at 7A M.

The CAUSE OF DEATH* was as follows:
Intestinal Abstruction

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Peters M. D.
4-8 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: Apr 9 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

15 Ada Co 1884

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1002
File No. 1866
Registered No. 23

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 1021, Hays St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Evelyn Alice Allen
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan 6 1912 (Month) (Day) (Year)

7. AGE: ....yrs. 5 mos. ....ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: Ralph D. Allen

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Ethel Jordan

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ethel Jordan
(Address) Boise

15. Filed 4/9 1912 W. E. Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: april (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from apr 7 1912, to apr 7 1912, that I last saw h.c.s alive on apr 7 1912 and that death occurred on the date stated above, at 5.30 pm M.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....(Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Speringer M. D.

19 12 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs. .....mos. .....days. In the State .....yrs. .....mos. 1 days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 4/9 1912

20. UNDERTAKER: Schreiber & Liddle-Paden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1804
File No. 1867
Registered No. 95

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 916, Grove St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Clara Louzman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Feb. (Month) 14 (Day) 1831 (Year)

7. AGE: 81 yrs. 1 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: William Stapleton

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Elizabeth Clayton

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs C W Irvine
(Address) 519 Grove St Boise Idaho

15.
Filed April 11th 1912 W E Hall
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1911, to April 1912, that I last saw h[illegible] alive on April 10 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Dilatation of Heart
(Duration) 9 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Fred A. Coffman M. D.
4/13 1912 (Address) Medical Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: April 14 1912

20. UNDERTAKER: Schreiber & Heidenfelder — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 4-10-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1865
Registered No. 96

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1007
(No. St. Lukes Hospital St.)

2. FULL NAME Mrs J. J. Billingsley.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July (Month) 14 (Day) 1879 (Year)
7. AGE: 33 yrs. 9 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Minn.
10. NAME OF FATHER: Oliver I Wheeler
11. BIRTHPLACE OF FATHER (State or Country): Maine
12. MAIDEN NAME OF MOTHER: Laura C. Dill
13. BIRTHPLACE OF MOTHER (State or Country): Maine
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Billingsley.
(Address) Caldwell, Idaho
15. Filed 4/13 1912 W. E. Hyslop Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to April 13 1912
that I last saw her alive on April 13 1912,
and that death occurred on the date stated above, at 4.30 P. M.
The CAUSE OF DEATH* was as follows:
Peritonitis - Ulcer Stomach
(Duration) yrs. mos. 20 ds.
Contributory (Secondary) Appendicitis.
(Duration) yrs. mos. 7 ds.
(Signed) C O S Peters M. D.
4/13 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Caldwell Idaho
DATE OF BURIAL: April 14 1912
20. UNDERTAKER: Fry & Summers
ADDRESS: 137 Jeff St Boise.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 10072

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

Primary Registration District No. 7004

File No. 1869

County of Ada

City of Boise (No. 510, Main St.)

Registered No. 98

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Owen Perry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: not obtainable (Month) (Day) (Year)

7. AGE: about 67 Years ... yrs. ... mos. ... ds.

IF LESS than 1 day how many ... hrs. or ... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Freighter by Team.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister M. Finbar
(Address) Boise

15. Filed 4/18 1912 W E Lyon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1911, to Apr. 17 1912, that I last saw h[illegible] alive on Apr. 17 1912 and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis & Pneumonia

(Duration) — yrs. 6 mos. — ds.

Contributory (Secondary) ... (Duration) — yrs. ... mos. ... ds.

(Signed) W J Lukey M. D.

Apr 19 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. 6 mos. ... days. In the State Boise ... yrs. ... mos. ... days.
Where was disease contracted if not at place of death? ...
Former or usual residence Placerville & Boise Co

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 4/19 1912

20. UNDERTAKER: Schreiber & Sidinfoden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1319 N. 7th St.)

File No. 1870
Registered No. 99
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sarah E. Jeffreys

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: Dec (Month) 29th (Day) 1845 (Year)

7. AGE: 66 yrs. 3 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fleming Co. Ky.

10. NAME OF FATHER: Sand Anderson

11. BIRTHPLACE OF FATHER (State or Country): Ky

12. MAIDEN NAME OF MOTHER: Cynthia A. Pender

13. BIRTHPLACE OF MOTHER (State or Country): Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Jeffreys
(Address) Boise Idaho

15. Filed 4/19 1912 W. M. E. Hoskins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14th 1912, to April 18th 1912, that I last saw h[illegible] alive on April 18th 1912, and that death occurred on the date stated above, at 11 3/4 A. M.

The CAUSE OF DEATH* was as follows:
Mitral valve disease of heart

(Duration) 1 yrs. mos. ds.
Contributory (Secondary) Dropsy & Ovs. Cardiac
(Duration) yrs. 10 mos. ds.

(Signed) Jos R. Rumsey M. D.
Apr. 19 1912. (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence 1319 N. 7th Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho — DATE OF BURIAL: 4/20 1912

20. UNDERTAKER: Schreiber & Siebenfaden — ADDRESS: Boise, Idaho,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Dr Buck

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 084
(No. 1115 E State St.)

File No. 1871
Registered No. 101
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wilbur Charles Wunkaus

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: April (Month) 12 (Day) 1912 (Year)
7. AGE: — yrs. — mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Boise Idaho
10. NAME OF FATHER: Charles Wunkaus
11. BIRTHPLACE OF FATHER (State or Country): Wisconsin
12. MAIDEN NAME OF MOTHER: Minnie Sikes
13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas F Wunkaus
(Address) 1115 E State St
15. Filed 4/27 1912 M C Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 22nd (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 22nd 1912, to Time of death 1912, that I last saw him alive on April 22nd 1912, and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Traumatism resulting in fracture of skull -
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Carl Kiel M. D.
April 23 1912 (Address) 315 N 8th Boise -
*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: Apr 24 1912
20. UNDERTAKER: Troy & Summers — ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 1872

City of Boise

(No. 1411, Alturas St.)

Registered No. 102

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph M. Wise

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 8 (Day) 1876 (Year)

7. AGE: 36 yrs. 3 mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Bill clerk
(b) General nature of industry business, or establishment in which employed (or employer): O.S.L.R.R

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lena M. Wise
(Address) Boise Idaho

15. Filed 4/24/12 191 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 24th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Several Months 191..., that I last saw h[illegible] alive on Apr 22 1912, and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Contributory Chronic Alcoholism Gallstones Cholecystitis and Cholelithiasis

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.

Apr 24 1912 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence 1411 Alturas St. Boise

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Idaho | DATE OF BURIAL: 4/24 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1004
File No. 1873
Registered No. 185

1. PLACE OF DEATH.
County of Ada
City of (No. 411, Jefferson St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margaret Scott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: (Month) May (Day) 21 1836 (Year)

7. AGE: 75 yrs. 11 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Water Town Jefferson co. N. Y.

10. NAME OF FATHER: Peter Watson

11. BIRTHPLACE OF FATHER (State or Country): Glascow Scotland

12. MAIDEN NAME OF MOTHER: Mary Martin

13. BIRTHPLACE OF MOTHER (State or Country): Dublin Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marion A Grew
(Address) 1411 Jefferson St

15. Filed 4/27/12 191 M E Hawkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Several years 191 , to April 27 1912 ; that I last saw her alive on April 1 1912 ; and that death occurred on the date stated above, at a M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach -

(Duration) 2 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Jno. Boeck M. D.
19 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 4/28 1912

20. UNDERTAKER: Schreiber & Eidemuller — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. [redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. [illegible]

County of ..... Primary Registration District No. 1004

City of ..... (No. ....., ... St.)

File No. 1874

Registered No. 106

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ida D Duval

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 65 yrs. 6 mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Alexander

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Claud St Duval
(Address) Nampa

15. Filed 4/29 1912 M E Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 28" (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 1912, to April 28 1912 that I last saw h[illegible] alive on April 28 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Apr 29 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF BURIAL ..... 191...

20. UNDERTAKER: J K Robinson — ADDRESS Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1875
Registered No. 187

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 414 So 12 st. St.)

2. FULL NAME Infant Zurcher

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: April (Month) 28 (Day) 1912 (Year)
7. AGE: ..... yrs. ..... mos. 10 hrs. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None infant
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Boise
10. NAME OF FATHER: Otto Zurcher.
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Adela Moore
13. BIRTHPLACE OF MOTHER (State or Country): Okla.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto Zurcher
(Address) 414 So 12 st.
15. Filed 4/29 1912 M E Hoppe Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 29 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 28 1912 to April 29 1912
that I last saw him alive on April 29 1912
and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:
Unknown Cause
10 hours old.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L. D. McCabe M. D.
19..... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: April 29 1912
20. UNDERTAKER: Fry & Summers — ADDRESS: 15 & Jefferson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1110 N. 20 St.)

File No. 1876
Registered No. 109
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary B. Vaughn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan. (Month) 24 (Day) 1868 (Year)

7. AGE: 44 yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N. York

10. NAME OF FATHER: Mr. Berry

11. BIRTHPLACE OF FATHER (State or Country): N. York

12. MAIDEN NAME OF MOTHER: Mrs Berry

13. BIRTHPLACE OF MOTHER (State or Country): N. York.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emily L. Davidge
(Address) City Hall

15. Filed 4/30/12 191 — M E Hawkes — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1912, to April 30 1912, that I last saw her alive on April 30 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Shock from anesthesia and operation, and appendicitis and Ch. Pancreatitis
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. P. McCallo M. D.
April 30 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: May 1 1912

20. UNDERTAKER: Fry & Summers. — ADDRESS: 15th Jeff.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Rupert.
(No. ....., ... St.)

Registration District No. 29
Primary Registration District No. 2015

File No. 187
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lula Mae Seaman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. (Month) 10 (Day) 1904 (Year)

7. AGE: 7 yrs. 7 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: Jes. Seaman

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Bertha Hutton

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bertha Seaman
(Address) Rupert Ida.

15.
Filed May 10 1912 V. R. Kellam
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 26 1912, to Apr 27 1912 that I last saw her alive on Apr 27 1912, and that death occurred on the date stated above, at 3:45 M.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(Duration) ..... yrs. One mos. ? ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J B Kennedy M. D.
Apr 30 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rupert Ida
DATE OF BURIAL: 4-29 1912

20. UNDERTAKER: W A Goodman
ADDRESS: Rupert Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lemhi
City of Hayden
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 29
Primary Registration District No. 2102

File No. 187
Registered No. 7
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Benjaman F Kimberling

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married
6. DATE OF BIRTH: Oct (Month) 26 (Day) 1846 (Year)
7. AGE: 65 yrs. 6 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: Abraham Kimberling
11. BIRTHPLACE OF FATHER (State or Country): Maryland
12. MAIDEN NAME OF MOTHER: Catherine Kimmerling
13. BIRTHPLACE OF MOTHER (State or Country): — — —
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E Kimberling
(Address) .....
15. Filed May 10 1912 V. R. Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 11 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on March 30 1912,
and that death occurred on the date stated above, at 2 A. M.
The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Influenza
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) (Corner) V. R. Killen M. D.
April 14 1912 (Address) Hayburn

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hayburn
DATE OF BURIAL: April 14 1912
20. UNDERTAKER: W. A. Goodman
ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

24

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 29
Primary Registration District No. 2102
File No. 187
Registered No. 9

1. PLACE OF DEATH.
County of Lincoln
City of Hagerman (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Agnes Hollenbeck

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Jan (Month) 17 (Day) 1834 (Year)

7. AGE: 78 yrs. 3 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Jacob Hollenbeck

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Greenbeck
(Address)

15. Filed May 10 1912 V. R. Killam Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h[er] alive on April 28 1912,
and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Concealed Hemmorhage
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Ulcer Stomach
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. R. Killam M. D.
April 30 1912 (Address) Hagerman Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman
DATE OF BURIAL: May 30 1912

20. UNDERTAKER: W. C. Goodman
ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Lincoln Primary Registration District No. 2016
City of Shoshone (No. ....., ... St.)
File No. 188
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob B Reese

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: April 24 1820 A M (Month) (Day) (Year)

7. AGE: ..... yrs. 45 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Jos Reese

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George W Banks
(Address) W Platte Nebr

15. Filed April 24 1912 C B Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 24th 2 PM 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 14 1912, to Apr 24 1912 that I last saw him alive on Apr 23 - 10 pm 1912, and that death occurred on the date stated above, at 2 PM.

The CAUSE OF DEATH* was as follows:
Spotted Fever
.....
.....
(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W G Burch M. D.
4/25 1912 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Shoshone In the Dist Hospital
of death ..... yrs ..... mos ..... ds State ..... yrs. 6 mos ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence Shoshone Ida

19. PLACE OF BURIAL OR REMOVAL: North Platte Nebr DATE OF BURIAL: ..... 191...

20. UNDERTAKER: D J Brennan ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Gooding
City of Jerome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2017
(No. ....., ... St.)

File No. 1881
Registered No. 29
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ella Netta Bell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan (Month) 23 (Day) 1871 (Year)

7. AGE: 41 yrs. 4 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana Co. Pa.

10. NAME OF FATHER: Joseph Kinmon

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Agnes Jailey

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph A Bell
(Address) Jerome Ida.

15.
Filed May 6 1912 E. D. Piper Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 27 1912, to May 3 1912 that I last saw her alive on May 3 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D Piper M. D.
May 6 1912 (Address) Jerome Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Jerome Cemetary
DATE OF BURIAL: May 5 1912

20. UNDERTAKER
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 5

County of Lincoln

Primary Registration District No. 2014

File No. 1882

City of Gooding (No. ....., ... St.)

Registered No. 98 98

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Evert Thomason

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	single

6. DATE OF BIRTH: November (Month) 4 (Day) 1911 (Year)

7. AGE: ..... yrs. 5 mos. 18 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Gooding

10. NAME OF FATHER Harmon Young Thomason

11. BIRTHPLACE OF FATHER (State or Country) Arkansas

12. MAIDEN NAME OF MOTHER Nora Buchanan

13. BIRTHPLACE OF MOTHER (State or Country) Brinvillw, Ore

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) not known

(Address) not known

15. Filed April 23, 1912 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1912, to April 22 1912, that I last saw him alive on " " 1912, and that death occurred on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James Monroe M. D.

19..... (Address) Gooding, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? Gooding, Idaho.

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding | DATE OF BURIAL: April 23 1912

20. UNDERTAKER A. E. Thompson | ADDRESS: Gooding

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1884

Registered No. 96

1. PLACE OF DEATH.

Registration District No. 5

Primary Registration District No. 2014

County of Lincoln

City of Gooding (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Howell Austin Wood

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Base

6. DATE OF BIRTH: Dec (Month) 21st (Day) 1911 (Year)

7. AGE: ____ yrs. 4 mos. 29 ds. IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Lincoln Co Idaho

10. NAME OF FATHER: Austin Wood

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Stanfield

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. A. Wood
(Address) Gooding Ida

15. Filed April 20 1912 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17th 1912, to April 19 1912 that I last saw him alive on April 19 1912 and that death occurred on the date stated above, at 6.30 a. M.

The CAUSE OF DEATH* was as follows:
Gastro-esterits

(Duration) ____ yrs. ____ mos. 2 ds.

Contributory (Secondary) —

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J H Cromwell M. D.
4-19-1912 (Address) Gooding

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding Cemetery — DATE OF BURIAL: April 20 1912

20. UNDERTAKER: A. C. Thompson — ADDRESS: Gooding

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Kenyon
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2013

File No. 1885
Registered No. 20
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Oscar F. Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 6 (Day) 1871 (Year)

7. AGE: 40 yrs. 10 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah (Mt Pleasant)

10. NAME OF FATHER: Jno. E Anderson.

11. BIRTHPLACE OF FATHER (State or Country): Sweeden.

12. MAIDEN NAME OF MOTHER: Annie Olson

13. BIRTHPLACE OF MOTHER (State or Country): Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) August L Anderson
(Address) Mt Pleasant Utah

15.
Filed ap 29 1912 W M Marshall
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: (Not known) ap. 27 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ap 29. 1912
that I last saw h— alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Drowning. Dead examination on April 29 & found Drowning as presumed Cause
..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) Temporary insanity
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W M Marshall M. D.
ap 29 1912 (Address) Hagerman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hagerman
DATE OF BURIAL: ap 29 1912

20. UNDERTAKER: J D Thompson
ADDRESS: Hagerman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R...

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 1010
(No. ....., ... St.)

File No. 1881
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cassia Era Hart

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: — (Month) — (Day) 1871 (Year)

7. AGE: 41 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: J. M. Bucknell

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Martha Sanders

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. S. Bucknell
(Address) Weiser Ida.

15. Filed May 12th 1912 M. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1912, to April 12 1912, that I last saw her alive on April 11 1912 and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis - bowels

(Duration) 2 yrs. 6 mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. L. Thurber M. D.
4/12 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser
DATE OF BURIAL: 4/13 1912

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 1010
File No. 1887
Registered No. 20.

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. 12½ 2d East St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George John Hillier Jr.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: December 2 (Month) (Day) 1875 (Year)

7. AGE: 36 yrs. 4 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work:
(b) General nature of industry business or establishment in which employed (or employer): Grocery Merchant

9. BIRTHPLACE (State or Country): Neyhi Utah

10. NAME OF FATHER: George John Hillier

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Eliza Hampton

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George John Hillier Jr
(Address) Weiser Idaho

15. Filed May 13 1912 W. R. Bowen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw him alive on April 9 1912
and that death occurred on the date stated above, at 9 a. M.
The CAUSE OF DEATH* was as follows:
Gun Shot Wound.
Suicidal.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R. W. Bowen; Coroner.
April 13 1912 (Address) Weiser; Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser
DATE OF BURIAL: 4/13 1912

20. UNDERTAKER: L. C. Northcott
ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2114
(No. ....., ... St.)

File No. 188
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME B. Fuller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Well Digger
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Norton
(Address) Cambridge Ida

15.
Filed April 14 1912
L. E. Elliott
Asst ~~Local~~ Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 13 1912, to Apr 19 1912
that I last saw h saw alive on Apr 19 1912
and that death occurred on the date stated above, at 4:40 M.

The CAUSE OF DEATH* was as follows:
Spotted fever

..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Old age
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Simeon Bohler M. D.
Apr 20 1912 (Address) Cambridge Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida
DATE OF BURIAL: April 13 1912
20. UNDERTAKER: J. A. Tudleson
ADDRESS: Cambridge Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1885

Registered No. 22

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 21 14
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo W Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov (Month) 1 (Day) 1860 (Year)

7. AGE: 52 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranching
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Omaha Neb

10. NAME OF FATHER: Rufus Anderson

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Davidson

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rae Finnelsay
(Address) Indian Valley

15.
Filed April 15 1912
L E Elliott
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to April 12 1912, that I last saw him alive on April 14 1912 and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:
Brights Disease

..... (Duration) 4 yrs. 2 mos. 1 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C E Schmutz M. D.
April 17 1912 (Address) Cambridge Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Indian Valley
DATE OF BURIAL: April 16 1912

20. UNDERTAKER: J. A. Anderson
ADDRESS: Cambridge

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1890
Registered No. 23

1. PLACE OF DEATH.
County of Washington
City of Cambridge
Registration District No. 24
Primary Registration District No. 2214
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret Colson.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 13 (Day) 1831 (Year)

7. AGE: 81 yrs. 7 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: house wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana Ohio

10. NAME OF FATHER: Michael Taylor

11. BIRTHPLACE OF FATHER (State or Country): Penn Ohio

12. MAIDEN NAME OF MOTHER: Sarrah Taylor

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Geo York
(Address) Cambridge Idaho

15. Filed April 18 1912
L. E. Elliott
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to April 17 1912
that I last saw her alive on April 16 1912
and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Cerebral Paralysis

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Schumate M. D.
April 15 19 (Address) Cambridge Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salubria
DATE OF BURIAL: April 18 1912

20. UNDERTAKER: J. A. Hudleson
ADDRESS: Cambridge

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Washington Primary Registration District No. 2113
City of Midvale (No. ....., ... St.)
File No. 1891
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ray Perkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April Oct 20 1897 (Month) (Day) (Year)

7. AGE: 15 yrs. 7 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Not Employed
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Wm E Perkins

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Lill Vanpelt

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orvil Perkins
(Address)

15. Filed April 20 1912 Taschmidt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1912, to April 15 1912 that I last saw him alive on April 15 1912 and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Rheumatism Inflamitory

(Duration) ..... yrs. ..... mos. 20 ds.
Contributory (Secondary) Cerebral Brain Dran
(Duration) ..... yrs. ..... mos. 6 ds.
(Signed) Taschmidt M. D.
April 15 1912 (Address) Midvale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Midvale
DATE OF BURIAL: April 16 1912

20. UNDERTAKER: L L Stacy
ADDRESS: Midvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1892
Registered No. 25

1. PLACE OF DEATH.
County of Washington
City of Cambridge
Registration District No. 26
Primary Registration District No. 2714
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Reeves Kingsberry

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 1 (Day) 1830 (Year)

7. AGE: 81 yrs. 10 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranchman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Lewis Bellamy Kingsberry

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed April 21 1912 L. E. Elliott Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13 1912, to April 19 1912
that I last saw h... alive on April 19 1912
and that death occurred on the date stated above, at 1130 M.

The CAUSE OF DEATH* was as follows:
Rocky Mountain tick fever

..... (Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L. E. Elliott M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida
DATE OF BURIAL: April 21 1912

20. UNDERTAKER: J. A. Hudleson
ADDRESS: Cambridge Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

Registration District No. 26

Primary Registration District No. 1069

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1897

Registered No. 26

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. Josephine Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Maud Ruth Galloway,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 2 (Day) 1882 (Year)

7. AGE: 29 yrs. 9 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Colfax, Wash.

10. NAME OF FATHER: Chas B. Anderson

11. BIRTHPLACE OF FATHER (State or Country): Delaware, Ohio

12. MAIDEN NAME OF MOTHER: Eva B. Huffman

13. BIRTHPLACE OF MOTHER (State or Country): Keokuk, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Chas B. Anderson
(Address) Dallas, Oregon

15.
Filed April 22nd 1912
W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1912, to April 20 1912
that I last saw her alive on April 20 1912
and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows: Puerperal Peritonitis following pelvic cellulitis.

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary): none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James A Young M. D.
April 22 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Weiser Idaho ..... yrs ..... mos ..... ds. In the Josephine Hospital, State ..... yrs ..... mos. 6 ..... ds.
Where was disease contracted, if not at place of death? at residence
Former or usual residence: Weiser Idaho

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho
DATE OF BURIAL: 4/22 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 189
Registered No. 27

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 1010
(No. 526, 4th St. East, St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ansil De Catur

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: July (Month) 18 (Day) 1818 (Year)

7. AGE: 93 yrs. 9 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): St Marys Parish La. State of La.

10. NAME OF FATHER: Walter De Catur

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Graham
(Address) Weiser, Idaho

15.
Filed May 1st 1912
W. R. Howell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1911, to April 30 1912
that I last saw him alive on April 18 1912
and that death occurred on the date stated above, at 10:30 P. M.
The CAUSE OF DEATH* was as follows:
Gastro Enteritis Chronic.

(Duration) 3 yrs. mos. ds.
Contributory (Secondary) Exhaustion
(Duration) yrs. mos. ds.
(Signed) Ernest O Finney M. D.
May 1 1912 (Address) Weiser, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Ida. DATE OF BURIAL: May 2 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 189

Registered No. 47

1. PLACE OF DEATH.
County of Latah
City of Southwick

Registration District No.
Primary Registration District No. 2064
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harriett Anthony Kauble

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Married

6. DATE OF BIRTH: 2 (Month) 14 (Day) 1850 (Year)

7. AGE: 62 yrs. 1 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Tiffany

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Kauble
(Address) Southwick Ida

15.
Filed 3-20 1912
J. E. Hoyt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-17 1912, to 3-19 1912
that I last saw her alive on 3-17 1912
and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:
Valvular disease of heart
broken incompliancy

(Duration) yrs. 3 mos. ds.
Contributory (Secondary) Chronic Parenchymatous nephritis
(Duration) 9 yrs. mos. ds.

(Signed) J. E. Hoyt M. D.
3-20 1912 (Address) Kendrick Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Southwick Ida
DATE OF BURIAL: 3-21 1912

20. UNDERTAKER: none
ADDRESS

N. B.—Every item of information should be carefully inserted. CAUSE OF DEATH in plain terms. See instructions on back of certificate. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1891
Registered No. 55

1. PLACE OF DEATH.
County of Latah.
City of Princeton

Registration District No. 15
Primary Registration District No. 2066
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frederick Solomon Livingston.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: June (Month) 13 (Day) 1850. (Year)

7. AGE: 62 yrs. 10 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known.

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. A. Livingston
(Address) Princeton Idaho

15. Filed May 2 1912
J. H. Thompson M. D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27 1912, to May 1 1912
that I last saw him alive on April 27 1912
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(Duration) ..... yrs. ..... mos. 2/ ds.

Contributory (Secondary): Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Thompson M. D.
May 2 1912. (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pleyers Cemetery — DATE OF BURIAL: May 3 1912

20. UNDERTAKER: E. Anderson — ADDRESS: Palouse

Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Kendrick

Registration District No. 15
Primary Registration District No. 2064
(No. ....., ... St.)

File No. 189
Registered No. 60

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victor Emery Metcalf

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 12 (Month) 14 (Day) 1912 (Year)

7. AGE: — yrs. 4 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kendrick Ida

10. NAME OF FATHER: Ralph Metcalf

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Zella Kimberl

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph Metcalf
(Address) Kendrick Ida

15.
Filed April 20 1912 — J E Hoyt — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1912, to April 20 1912 that I last saw him alive on April 19 1912 and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) — J E Hoyt M. D.
April 20 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wild Rose Cemetery
DATE OF BURIAL: April 21 1912

20. UNDERTAKER: D G Rolando
ADDRESS: Kendrick

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 15
Primary Registration District No. 2063
(No. ....., ... St.)

File No. 189
Registered No. 58

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Ed. Gehrke.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: February 10th (Month) (Day) 1854 (Year)

7. AGE: 58 yrs. 2 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Westgerisen Germany.

10. NAME OF FATHER: John Edw. Gehrke.

11. BIRTHPLACE OF FATHER (State or Country): Westgerisen Germany.

12. MAIDEN NAME OF MOTHER: Henry Hetta Craus.

13. BIRTHPLACE OF MOTHER (State or Country): Westgerisen Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Mrs D. Nebelsieck.

15.
Filed 4-21 1912. W. H. Eheen
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1912, to Apr 19 1912
that I last saw h— alive on Apr 5 1912
and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Pericarditis

..... (Duration) ..... yrs. ..... mos. 20 ds.
Contributory (Secondary) Pneumonia
..... (Duration) ..... yrs. ..... mos. 20 ds.
(Signed) W. H. Eheen M. D.
4-20 1912 (Address) Genesee

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Genesee
DATE OF BURIAL: 4-21 1912

20. UNDERTAKER: J. E. Lambert
ADDRESS: Genesee Ida

WITH UNFADING INK—THIS IS A PE... nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 189
Registered No. 39

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 15
Primary Registration District No. 7062
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Keane.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: December (Month) 1st (Day) 1863 (Year)

7. AGE: 48 yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Keeper of Cigar Store

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Timothy Keane

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Johanna O'Donnell

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. M. Isabel
(Address) Santa Ida

15. Filed 4-17 1912 W. H. Eheen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1912, to April 1912, that I last saw him alive on March 30 1912, and that death occurred on the date stated above, at 4a. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
April 16 1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cem. DATE OF BURIAL: 4-16 1912

20. UNDERTAKER: F. E. Lambert ADDRESS: Genesee Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Latah Primary Registration District No. 2062
City of Moscow (No. ....., ... St.)
File No. 1912
Registered No. 52

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME James A Maxwell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Jan (Month) 19 (Day) 1838 (Year)
7. AGE: 74 yrs. 2 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): N. Carlina
10. NAME OF FATHER: William Maxwell
11. BIRTHPLACE OF FATHER (State or Country): N Carlina
12. MAIDEN NAME OF MOTHER: Birtha Place
13. BIRTHPLACE OF MOTHER (State or Country): N Carlina
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lacy Maxwell
(Address) Viola
15.
Filed Apr 8 1912 S F Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 6th (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 6 1912, to April 6 1912
that I last saw h~~is~~ alive on April 6th 1912,
and that death occurred on the date stated above, at 9 A M.
The CAUSE OF DEATH* was as follows:
Heart failure
suddden (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Hatfield D.C. M. D.
April 6 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Viola — DATE OF BURIAL: April 8 1912
20. UNDERTAKER: Geo Stelly — ADDRESS: Moscow

EYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistic

PLACE OF DEATH. Registration District No. 15

County of Latah - Primary Registration District No. 2062

File No. 1901

City of 6 Miles from Moscow (No. ....., ... St.) Registered No. 61

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Walter McGarvey -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced -

6. DATE OF BIRTH: — (Month) — (Day) 1 (Year)

7. AGE: 26 - 8 - 27 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer -
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Jacob McGarvey -

11. BIRTHPLACE OF FATHER (State or Country): Canada -

12. MAIDEN NAME OF MOTHER: Almira Brooks -

13. BIRTHPLACE OF MOTHER (State or Country): Canada -

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jacob McGarvey
(Address) Elk River Idaho

15. Filed May 1 1912 S. J. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May - (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February - 14 1912, to May - 1st - 1912 - that I last saw him alive on April 6th 1912 -, and that death occurred on the date stated above, at 12:30 P. M. -

The CAUSE OF DEATH* was as follows:
Mitral - insufficiency -

..... (Duration) ..... yrs. 4 mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
May 1 1912 (Address) Moscow Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Moscow City — DATE OF BURIAL: May 3 1912

20. UNDERTAKER: Geo Kelly — ADDRESS: Moscow

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Viola

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 190
Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louise Marguerite Messer.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 31 (Day) 1910 (Year)

7. AGE: 1 yrs. 6 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Latah Co Idaho

10. NAME OF FATHER: Walter Messer

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Violet Patton

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Messer
(Address) Viola

15. Filed May 3 1912 — D. F. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27 1912, to May 2 1912 that I last saw her alive on May 2 — 1912 and that death occurred on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro meningitis

— (Duration) — yrs. — mos. 10 — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Irwin M. D.
May 4 — 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Viola — DATE OF BURIAL: May 5 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 1903
Registered No. 49
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joyce B. Harmer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 4 (Day) 1905 (Year)

7. AGE: 7 yrs. 6 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Man
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minn

10. NAME OF FATHER: James W. Harmer

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Bertha Squire

13. BIRTHPLACE OF MOTHER (State or Country): Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James W Harmer
(Address) Viola Ida.

15.
Filed Apr 15 1912
D F Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1912, to April 13 1912, that I last saw her alive on April 13 1912, and that death occurred on the date stated above, at 9:15 P. M.

The CAUSE OF DEATH* was as follows:
Ptomaine Poisoning -

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gilman M. D.
April 14 1912. (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Viola — DATE OF BURIAL: April 15 1912

20. UNDERTAKER: Geo Stitz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1904
Registered No. 50

1. PLACE OF DEATH.
County of Latah
City of Moscow,
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

2. FULL NAME W. D. Hamed

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April 4 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 11 ds. | IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Virgil Huckleberth

11. BIRTHPLACE OF FATHER (State or Country): Washington

12. MAIDEN NAME OF MOTHER: Bertha McGuire

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. V. Huckleberth
(Address) Moscow, Idaho

15.
Filed Apr 15 1912 — J. M. Shuckel Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Did not attend Child 191..., to ..... 191....
that I last saw her alive on 4th April 1912
and that death occurred on the date stated above, at 4 A. M.
The CAUSE OF DEATH* was as follows:
Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) None
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. N. Edwards M. D.
Apr 15 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: April 16 1912

20. UNDERTAKER: Bratt — ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 1014
Registered No. 48

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Helen Logan Lauterbach

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 8 (Day) 1885 (Year)

7. AGE: 27 yrs. 9 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas City Kans

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Forsbom
(Address) 316 Miller St Lewiston Ida

15.
Filed Apr 22 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21 1912, to April 21 1912, that I last saw her alive on April 21 1912, and that death occurred on the date stated above, at 2:45 P. M.

The CAUSE OF DEATH* was as follows:

Uremia

Was in Hospital from 11:00 O'clock A.M. until 2:45 P. M.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.

April 22 1912 (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: April 23 1912

20. UNDERTAKER: Geo Kletz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMC-YORK CO., PRINTERS & RULERS. ISE 6672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15

County of Latah Primary Registration District No. 1008 File No. 1211

City of Moscow (No. ....., ... St.) Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Earl M. Barnager.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Dec 1 1896 (Month) (Day) (Year)

7. AGE: 16 yrs. 3 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Matthias S. Barnager.

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Anna J. Conover

13. BIRTHPLACE OF MOTHER (State or Country): Alock N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M S Barnager
(Address) Harvard Idaho

15. Filed Apr 8 1912 57 Ra Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 6 1912. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17- 1912, to April 6 1912. that I last saw him alive on April 6 1912, and that death occurred on the date stated above, at 11:20 a. M.

The CAUSE OF DEATH* was as follows:

Sarcoma -

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Grimmer M. D.
Moscow, Idaho.

April 8 1912. (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow DATE OF BURIAL: April 9 1912

20. UNDERTAKER: Leo Stolz ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 190
Registered No. 157
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hester A. Knepper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: February (Month) 22 (Day) 1889 (Year)

7. AGE: 23 yrs. 2 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Doniphan County, Kansas

10. NAME OF FATHER: Owen D. Moore

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Elizabeth Nuzum

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph B. Knepper
(Address) Kendrick, Idaho

15.
Filed May 3 1912
S. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 - 1912, to May - 1 - 1912, that I last saw her alive on May - 1 - 1912, and that death occurred on the date stated above, at 9:30 A. M.

The CAUSE OF DEATH* was as follows:

Peritonitis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Salpingectomy

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
May 3 1912. (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: May 5 1912

20. UNDERTAKER: Geo Stath
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 190
Registered No. 54

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2067
City of Bovill (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victor Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not known ..... 1 (Month) (Day) (Year)

7. AGE: about 35 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): P. Clark Lum Co.

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER: Oscar Makita

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Flasher
(Address) Bovill, Ida.

15. Filed 4/25 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/10 1912, to 4/10 1912, that I last saw h[illegible] alive on 4/10 1912 and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Accidental injury
& Drowned
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
4/25 1912 (Address) Bovill, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bovill
DATE OF BURIAL: 4/25 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No. 15
Primary Registration District No. 3067
(No. ....., ... St.)

File No. 190[illegible]
Registered No. 53

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME B. Antikin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: Not known (Month) (Day) 1 (Year)

7. AGE: about 33 yr. yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): Potlatch Lum Co

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Not know

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Flashen
(Address) Bovill, Idaho

15.
Filed Apr. 23 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 11th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 11th 1912, to Apr. 11th 1912 that I last saw h[illegible] alive on Apr. 11th 1912 and that death occurred on the date stated above, at 1.45 P M.

The CAUSE OF DEATH* was as follows:

accidental injury
5 hours (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
Apr. 23rd 1912 (Address) Bovill Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bovill, Idaho
DATE OF BURIAL: 4/25 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. 2, St.)

File No. 1910
Registered No. 42
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frederick L. Miller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Oct. (Month) 19 (Day) 1912 (Year)

7. AGE: ..... yrs. 6 mos. ..... ds.
IF LESS than 1 day how many ..... *hrs.or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Simmons Carl Miller

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Hulda Francis Lair

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. C. Mason
(Address) Idaho Falls Idaho

15.
Filed Apr 21 1912 L. Mussiand
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. 20. (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ..... yrs. 3 mos. ..... ds.
Contributory (Secondary) Gastro - enteritis
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Clarence M. D.
Apr 21 1912 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rose Hill Idaho Falls
DATE OF BURIAL: Apr. 21 1912

20. UNDERTAKER: Cliff Hayes
ADDRESS: Idaho Falls

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

N # 6

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Jefferson
City of Idaho Falls
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

File No. 1911
Registered No. 71

2. FULL NAME Elgenia Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 15 (Month) (Day) 1894 (Year)

7. AGE: 17 yrs. 11 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Nebraska.

10. NAME OF FATHER: Jacob Pilbury

11. BIRTHPLACE OF FATHER (State or Country): Don't know.

12. MAIDEN NAME OF MOTHER: Elgenia Stelton

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter F. Williams
(Address) Idaho Falls Ida

15.
Filed Apr 21 1912 — L. Mumaw — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr 18 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Suicide — bullet wound left breast

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ole Clein M. D.
Apr 21 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Vona Colorado. DATE OF BURIAL: Apr 1912

20. UNDERTAKER: Clifford Hayes ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. SOME 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1912

Registered No.

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 1
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Ueben

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr (Month) 23 (Day) 1912 (Year)

7. AGE: ~~Hrs~~ ~~Days~~ ~~Mos~~ ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 3 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Earl Ueben

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Edna Busser

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Ueben
(Address) Idaho Falls

15. Filed Apr 27 1912 — L Hammond — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1912, to Apr 23 1912
that I last saw him alive on Apr 23 1912
and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Premature birth - 6 - 7 months

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L Hammond M. D.
4/27 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: April 25 1912

20. UNDERTAKER (Miss Sweden): G F Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 191[illegible]
Registered No. 37

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
Registration District [illegible]
Primary Registration District (No. [illegible])
County of Bonneville
City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME [redacted] Humphrey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec 29 (Month) (Day) 18[illegible] (Year)

7. AGE: 51 yrs. 2 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Jersey.

10. NAME OF FATHER: James McCrory.

11. BIRTHPLACE OF FATHER (State or Country): Ireland,

12. MAIDEN NAME OF MOTHER: Lynch.

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank S Humphrey
(Address) Dubois Ida.

15. Filed Apr 21 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 5th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-21 1912, to 4-5- 1912 that I last saw her alive on 4-5 1912, and that death occurred on the date stated above, at 11 45 P. M.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 1 yrs. 2 mos. - ds.

Contributory (Secondary) None

(Duration) - yrs. mos. ds.

(Signed) R. M. McCoy M. D.

4/6- 1912 (Address) Ida Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dubois Ida. DATE OF BURIAL: Apr 8 1912

20. UNDERTAKER: Clifford Hayes ADDRESS: Idaho Falls Ida.

AMES-YORK CO., PRINTERS & RINDERS, BOISE 16372

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1914
Registered No. 38

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Iona (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Launcey Richard Denning

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH: 2 (Month) April (Day) 1912 (Year)

7. AGE: 2 Weeks yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Iona Idaho

10. NAME OF FATHER Jas. H. Denning Jr

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Emma J. Kearns Mary Field

13. BIRTHPLACE OF MOTHER (State or Country) Salt Lake City Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Denning Jr
(Address) Iona

15. Filed Apr 22 1912 J. E. Bennett Dep Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia
This was no physician attending the ch...
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona — DATE OF BURIAL: Apr 23 1912

20. UNDERTAKER: G. H. Hunt. — ADDRESS: Idaho Falls.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Iona

Registration District No. 1
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 191
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chas. Willis Sellars.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: March (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iona Idaho

10. NAME OF FATHER: Chas E. Sellars.

11. BIRTHPLACE OF FATHER (State or Country): Iona Idaho

12. MAIDEN NAME OF MOTHER: Lulu Hines

13. BIRTHPLACE OF MOTHER (State or Country): American Falls Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles E. Sellars
(Address) Iona, Ida.

15.
Filed Apr 21 1912 H. E. Bennett Local Registrar
Dep.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1912, to April 20 1912, that I last saw h[im] alive on April 15 1912, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Snuffles

..... (Duration) ..... yrs. ..... mos. 35 ds.

(Signed) G. W. Pendleton M. D.

Apr. 21 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona

DATE OF BURIAL: Apr 22 1912

20. UNDERTAKER: G. N. Hunt.

ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 191

Registered No. 33

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Dean Riches

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Sept. 20th (Month) (Day) 1911 (Year)

7. AGE: No yrs. 6 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Geo. B. Riches

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Nancy Seedall

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo B Riches.
(Address) Idaho Falls, Idaho

15. Filed Apr. 8 1912 J E Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 6th, 1912 (Month) (Day) (Year) 191

17. I HEREBY CERTIFY, That I attended deceased from March 31 1912, to April 6 1912 that I last saw him alive on April 6 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Pleuro pneumonia

..... (Duration) — yrs. — mos. 7 ds.
Contributory (Secondary) Meningitis
..... (Duration) — yrs. — mos. 2 ds.

(Signed) G W. Pendleton M. D.
April 8 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: April 8 1912

20. UNDERTAKER: J H Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1918

Registered No. 34

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Idaho Falls

(No. ....., ... St.)

Registration District No. 7

Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margrett Howard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct 3 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. 6 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Iona Ida.

10. NAME OF FATHER: W H Howard.

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Lenora W Howard

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Howard
(Address) Iona Idaho

15. Filed Oct 6 1912 W H Leonard Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1912, to Oct 5 1912
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W H Leonard M. D.

Oct 6 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls. DATE OF BURIAL: Oct. 8 1912

20. UNDERTAKER: Clifford C Hayes ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Jerome
City of Hailey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2028
(No. ....., ... St.)

File No. 1919
Registered No. 32
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mirtand Rashmont

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH: Feb. 3 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. 3 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Taylor. Idaho.

10. NAME OF FATHER: Frank Rashmont.

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Esta Hansen.

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Hansen
(Address) Taylor Ida.

15. Filed Jan 1 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 31 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-25-1912, to 3-31-1912 that I last saw him alive on 3-31-1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Autz M.D. M. D.
3-31 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Taylor Ida. DATE OF BURIAL: Oct 1912

20. UNDERTAKER: [illegible] ADDRESS: Hailey Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1921

Registered No. 36,

1. PLACE OF DEATH.

County of Idaho

~~City of~~ Green Creek (Precinct (No. ....., ... St.)

Registration District No. 2045

Primary Registration District No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Philomena Willenborg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July ~~April~~ (Month) 1 ~~3rd~~ (Day) 1903 ~~1902~~ (Year)

7. AGE: 8 yrs. 9 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Mike Willenborg

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Philomena Nuxoll

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W Aragon
(Address) Green Creek, Idaho

15.
Filed April 4 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1911, to March 28th 1912 that I last saw h.r alive on March 28th 1912, and that death occurred on the date stated above, at 12.30 P M.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) Indefinite yrs. ..... mos. ..... ds.

Contributory (Secondary) Empyema

(Duration) Indefinite yrs. ..... mos. ..... ds. (about 5 months)

(Signed) J. W. Turner M. D.

4-4-1912 (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Creek Cemetery	April 5 1912
20. UNDERTAKER	**ADDRESS**
None	

IVMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-2

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho — Registration District No. 204

City of Westlake — Primary Registration District No. 10

(No. ....., ... St.)

File No. 1922

Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Bell Wilson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH — July (Month) 24 (Day) 1911 (Year)

7. AGE — 1 yrs. 1 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Joseph C Wilson

11. BIRTHPLACE OF FATHER (State or Country) Ill

12. MAIDEN NAME OF MOTHER Stella M Smith

13. BIRTHPLACE OF MOTHER (State or Country) Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Jenkins
(Address) Westlake Idaho

15.
Filed April 12 1912 — G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH — April (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ..... 191.. to ..... 191.. that I last saw h... alive on ..... 191.. and that death occurred on the date stated above, at 20 M.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 20 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H H Burke M. D.
April 12 1912 (Address) Coroner Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Westlake Cemetery	April 12 1912
20. UNDERTAKER	ADDRESS
None	—

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1923
Registered No. 34

1. PLACE OF DEATH.
County of Idaho
City of Freedom

Registration District No. 10
Primary Registration District No. 2041
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joshua Samuel Fockler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 26 (Day) 1838 (Year)

7. AGE: 74 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Wendell Fockler

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Elizabeth Fox

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W A Foskett
(Address) Whitebird Ida

15. Filed May 3 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 23 1912, to April 26 1912 that I last saw h.. alive on 26 day April 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) Gangrene of lung.

..... (Duration) ..... yrs. ..... mos. 19 ds.

(Signed) W A Foskett M. D.

April 26 1912 (Address) Whitebird

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Freedom Ida
DATE OF BURIAL: April 28 1912

20. UNDERTAKER: Hancock
ADDRESS: Whitebird Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of —
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 1925
Registered No. 31
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elizabeth Laura Riggins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	married

6. DATE OF BIRTH
Don't Know 1
(Month) (Day) (Year)

7. AGE
51 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andy Riggins R.R. #1 Hamill
(Address) Grangeville Ida

15.
Filed April 10 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 9 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to April 9 1912
that I last saw her alive on April 8 1912,
and that death occurred on the date stated above, at 9 A M.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) — yrs. — mos. 10 ds.
Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.
(Signed) C W Stinson M. D.
April 9 1912 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fair View Cemetery — DATE OF BURIAL: April 12 1912

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ..... St.)

File No. 1926
Registered No. 30
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John W Bennett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH
Jan (Month) 12 (Day) 1840 (Year)

7. AGE
72 yrs. 2 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Clark Co. Mo.

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (State or Country) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (State or Country) unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J W Bennett Jr
(Address) Gate Wn

15.
Filed April 10 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1912, to April 5 1912
that I last saw h~~im~~ alive on April 5 1912,
and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) — yrs. about 6 hours mos. — ds.
Contributory (Secondary) Arteriosclerosis
(Duration) Don't Known yrs. ..... mos. ..... ds.
(Signed) G. S. Stockton M. D.
April 9 1912 (Address) Grangeville Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Prairie View	April 9 1912
20. UNDERTAKER	ADDRESS
W C Graham	Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1927
Registered No. 76

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2083
City of Sandpoint (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Jane Jenne

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 14 1848 (Month) (Day) (Year)

7. AGE: 64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich.

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Wade
(Address) Sandpoint

15.
Filed Mar. 31 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar 31 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Mar 27 1912, to ~~191~~ that I last saw her alive on Mar 27 1912 and that death occurred on the date stated above, at 5. P. M.

The CAUSE OF DEATH* was as follows:
Heart Paralysis (instantaneous) following Influenza + Pneumonia and getting up two days.
(Duration) A few hrs. minutes ds.
Contributory (Secondary) An abort.
(Duration) 0 yrs. 0 mos. 7 or 8 ds.
(Signed) Roscoe A. Jackson M. D.
Apr 1 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Westmond — DATE OF BURIAL: April 3 1912

20. UNDERTAKER: E. M. Brown — ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1928
Registered No. 25

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint Ida. (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033

2. FULL NAME T. J. Mechlein

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: about 35 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Locomotive Engineer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. White
(Address) .....

15. Filed Mar 28 1912 Mrs. Kinnear
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
R. R. Accident
Rock Slide Striking
Engine & Knocking Same in River
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Rogers M. D.
Mar 28 1912 (Address) Hope Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Hillyard Wash
DATE OF BURIAL ..... 191...

20. UNDERTAKER: E. M. Brower
ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING
E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI-
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
of OCCUPATION is very important. See instructions on back of certificate.

YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1929
Registered No. 10

1. PLACE OF DEATH.
County of Bonner
City of SANDPOINT,
Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Perry E. Haymorth

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (~~Write~~ the word.): Married

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE: 40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter.
(b) General nature of industry business or establishment in which employed (or employer): Bridge Work

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brown
(Address) .....

15.
Filed Mar. 19 1927 M McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Mar (Month) 19 (Day) 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Struck by falling timber
knocked off Bridge
Drowned
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. M. Kennedy M. D.
4/13 1927 (Address) Hope

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: ~~SANDPOINT~~ Rockland Dist.
DATE OF BURIAL: 4/13 1927

20. UNDERTAKER
ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1930
Registered No. 81

1. PLACE OF DEATH.
County of Bonner
City of SANDPOINT
Registration District No. 8
Primary Registration District No. 2035
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm T. Lewis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): M

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 35 yrs. Abt mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: Do

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brower
(Address) Sandpoint

15. Filed May 11 1912 M. McKennon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicide by strychnine poisoning
Upon short interval
Self inflicted.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W W Rae M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: SANDPOINT,
DATE OF BURIAL: May 7 1912

20. UNDERTAKER: E M Brower
ADDRESS: SANDPOINT

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 1931
Registered No. 82

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lucy Jeanet Turtchell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July 12 (Month) (Day) 1848 (Year)

7. AGE: 64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oswego N. Y.

10. NAME OF FATHER: N. B. Phelps.

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Mary Woodworth

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. F. Turtchell
Sandpoint Ida.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 7 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5 1912, to March 7 1912
that I last saw her alive on March 7 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Carcinoma of the stomach

..... (Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. McKinnon M. D.
March 8 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: [illegible]
DATE OF BURIAL: March 10 1912

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1932
Registered No. 83

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2033
City of Sandpoint (No....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unknown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH
..... 1
(Month) (Day) (Year)

7. AGE: 28 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer): Never As Known

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Knapp
(Address) Hope Ida

15. Filed Mar. 2 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Unknown 4 or 5 Feb 3/2/12
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Unknown man found dead on Apr. 7th - Near Lacelle Ida. (Supposed to be Hop Head)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. W. Evans M. D.
4/9 1912 (Address) Hope Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida. DATE OF BURIAL: 5/8 1912

20. UNDERTAKER: E. M. Brower ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1933

Registered No. 77

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2038

County of Bonner

City of Priest River (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Rosalia Presta

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dont Know (Month) (Day) 1854 (Year)

7. AGE: 58 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: Pasquale Rizuta.

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Rosa Zimmara

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Presta
(Address) Priest River, Idaho

15.
Filed March 31 1912 E Denton McCarty.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 1911, to ..... 191....
that I last saw her alive on Jan 25 1912,
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Hemorrage from Herniation on left side 2 weeks (Ruptured Inguinal rein)
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Malignant disease in Volving
wd (Sarcoma (Duration) ~~yrs~~ 6 Mo mos. ..... ds.

(Signed) E Denton McCarty M. D.
March 31 1912 (Address) Priest River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Priest River — DATE OF BURIAL: March 31 1912

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8

County of Bonner Primary Registration District No. 1033

City of Sandpoint (No. ..... St.)

File No. 1934

Registered No. 83

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo Keller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 67 yrs. about mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer Common
(b) General nature of industry business or establishment in which employed (or employer): R. R. construction

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Bower
(Address) Sandpoint

15.
Filed Apr. 6 1912 W. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Struck by R R Engine

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W M Bower M. D.
Apr 7 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cem — DATE OF BURIAL: 4/16 1912

20. UNDERTAKER: E M Bower — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1936
Registered No. 88

1. PLACE OF DEATH. Registration District No. 8
County of Boundary Primary Registration District No. 2084
City of Bonners Ferry (If not in a city, write the name of village or township.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Jerry Grant

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)
7. AGE: about 37 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country)
10. NAME OF FATHER: Grant.
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....
15. Filed Apr. 11th 1912. E. B. Fry. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. 9 ..... 191 ..... (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191 ....., to ..... 191 .....
that I last saw h..... alive on ..... 191 .....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
"Came to his death by the hands of unknown persons by being shot through the heart."
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... E. B. Fry. M. D.
Apr. 11 - 1912 (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonners Ferry, Ida.	Apr. 11 - 1912.

20. UNDERTAKER	ADDRESS
J. J. Moran	Bonners Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. C 1937
Registered No. 91

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bonner
City of Bonners Ferry (No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2034

2. FULL NAME Frank Woods

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
about 30 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work Mining
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Salt Lake city

10. NAME OF FATHER Dan Woods

11. BIRTHPLACE OF FATHER (State or Country) Nor Sweden

12. MAIDEN NAME OF MOTHER - -

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. W. Hathaway
(Address) Libby Montana

15.
Filed April 18 th 1912 E. E. Fox Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 16 th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 th 1912, to April 16 th 1912
that I last saw him alive on April 16 th 1912
and that death occurred on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:
Suicide by cutting throat induced by melancholia resulting from loss of hand.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Fox M. D.
Apr. 18 1912. (Address) Bonners Ferry.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the Bonner Ferry Hosp. State ..... yrs ..... mos 1 ds.
Where was disease contracted, ...
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Libby Mont. | DATE OF BURIAL ..... 191...

20. UNDERTAKER J. D. Moore | ADDRESS Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sand Point

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 1939
Registered No. 86

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Moi Dock.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Chinese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH
..... (Month) / (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. / ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Hop Ida.

10. NAME OF FATHER Moi Dock.

11. BIRTHPLACE OF FATHER (State or Country) China

12. MAIDEN NAME OF MOTHER Lom Moi

13. BIRTHPLACE OF MOTHER (State or Country) China

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fong
(Address) Post Coeur d Ida.

15.
Filed Apr. 18 1912 M McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Apl 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 18 1912, to Apl 18 1912
that I last saw her alive on Apl 18 1912
and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Absence of Rectum Inguinal Hernia

..... (Duration) ..... yrs. ..... mos. / ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M McKinnon M. D.
Apl 19 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cemetery — DATE OF BURIAL: 4/19 1912

20. UNDERTAKER: E. A. Brauer — ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING
CLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSI
information should be carefully supplied. AGE should be stated EXACTLY.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Laclede, Idaho
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2613
(No. ....., ..., St.)

File No. 8-4940
Registered No. 84

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Herman Sederberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	single

6. DATE OF BIRTH (2)
1885 ~~1890~~
(Month) (Day) (Year)

7. AGE
27 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Lumberman
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Anoka, Minnesota

10. NAME OF FATHER John Sederberg

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredrick W Didier
(Address) Laclede, Idaho

15.
Filed Apr. 19 1912 W M Mulkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 19" 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23 1912, to Apr 19 1912
that I last saw him alive on Apr 19 1912,
and that death occurred on the date stated above, at 6⁰⁰ P. M.

The CAUSE OF DEATH* was as follows: He was
Septic Endocarditis following burns
of 3d degree and pneumonia Edc

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Burns and pneumonia from march 23, 1912.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fredrick W Didier M. D.
Apr 19 1912 (Address) Laclede, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 27 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted. If not at place of death? At fire Henry Evans house
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Laclede — DATE OF BURIAL: ..... 191...

20. UNDERTAKER: E M Bowers — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1941
Registered No. 91

1. PLACE OF DEATH.
County of
City of (No. St.)
Registration District No. 8
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sophie M. Lundal.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: X
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE 52 yrs. 1 mos. 16 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Denmark.

10. NAME OF FATHER Head.

11. BIRTHPLACE OF FATHER (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Anna Mary Petterson

13. BIRTHPLACE OF MOTHER (State or Country) Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. C. Lundal.
(Address) Kaper

15.
Filed Apr. 28 191 2 W. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Apl. 25 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 191 1, to Apr 25 191 2
that I last saw h[illegible] alive on Apr 15 191 2
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:
Cancer

(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) C. P. Strackhouse M. D.
Apr 25 1912 (Address) Sandpoint Idah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 191

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 1942

File No.

Registered No. 78

PLACE OF DEATH

County of Bonner

Town of Newport

or

City of Ida

(No. 2036 St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

Full Name Winifred Margaret Graham

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 23 (Day) 1899 (Year)

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mich

NAME OF FATHER: Fred H Graham

BIRTHPLACE OF FATHER (State or country): Mich

MAIDEN NAME OF MOTHER: Carrie Bristol

BIRTHPLACE OF MOTHER (State or country): Mich

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred Graham

(Address) Newport

Filed Feb. 14 1917 J. F. Chilyps Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 11 (Day) 1912 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1911, to Feb 10 1912

that I last saw h.. alive on Feb 10 1912

and that death occurred, on the date above, at 3:20 P.M. The CAUSE OF DEATH was as follows:

Diabetis mellitis

(Duration) ..... Days

Contributory

(Duration) ..... Days

(Signed) John D Phillips, M. D

19.. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence

How Long at Place of Death?

Where was Disease Contracted?

PLACE OF BURIAL OR REMOVAL: Newport

DATE OF BURIAL: Feb 13 1912

UNDERTAKER: Harding & Harding

ADDRESS: Newport

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Physicians should state cause of death in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

V. S.—No. 1.

Form V. S. No. 1. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1943
Registered No. 87

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2035
City of Hope (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Clara Hull

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): W

6. DATE OF BIRTH: — (Month) — (Day) 1880 (Year)

7. AGE: 32 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmers Wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Albert Kanzora.

11. BIRTHPLACE OF FATHER (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Feb 3 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: February (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1912, to Feb 3rd 1912, that I last saw her alive on Feb 3rd 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J. A. Harris M. D.
April 25th 1912 (Address) Hope, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hope — DATE OF BURIAL 191

20. UNDERTAKER: E. M. Bower — ADDRESS .....

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

23

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1946
Registered No. 14

1. PLACE OF DEATH.
County of Lemhi
City of Winchester (No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alexander W. Russell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: — (Month) — (Day) 1832 (Year)

7. AGE: 80 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Springfield Penna

10. NAME OF FATHER: Alexander Russell

11. BIRTHPLACE OF FATHER (State or Country): Huntington, Pa

12. MAIDEN NAME OF MOTHER: Elizabeth Brown

13. BIRTHPLACE OF MOTHER (State or Country): Westmoreland Co. Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. O. Russell
(Address) Winchester Idaho

15.
Filed 4-27 1912 Elton B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3rd 1912., to April 18 1912
that I last saw him alive on April 18 1912
and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:
Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. nil ds.
Contributory (Secondary) Hemiplegia
..... (Duration) ..... yrs. ..... mos. 2 1 ds.

(Signed) Elton B. Rogers M. D.
4-19 1912 (Address) Winchester Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone
DATE OF BURIAL: 4-20 1912

20. UNDERTAKER: none employed
ADDRESS:

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1947
Registered No. 13

1. PLACE OF DEATH.
County of Lewis
City of Vollmer

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewis Co. Idaho.

10. NAME OF FATHER: Geo McGagan

11. BIRTHPLACE OF FATHER (State or Country): Kansas.

12. MAIDEN NAME OF MOTHER: Mable Jackson

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Parrish
(Address) Ilo, Idaho.

15.
Filed 5-1- 1912 Ellen P. Rees
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 - 1912, to April 28 1912 that I last saw him alive on April 28 1912 and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Parrish M. D.
4-29-1912 (Address) Ilo, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery
DATE OF BURIAL: 4-29 1912

20. UNDERTAKER: Ilo Hdw. & Imp. Co
ADDRESS: Ilo, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1948
Registered No. 13

1. PLACE OF DEATH.
County of Cassia
City of Burley (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2 1 2nd

2. FULL NAME Dossen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED
Male	White	(Write the word)

6. DATE OF BIRTH
Apr. (Month) 24th (Day)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS THAN 1 DAY, how many ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Burley, Idaho.

10. NAME OF FATHER T. Dossen

11. BIRTHPLACE OF FATHER (State or Country) Norway

12. MAIDEN NAME OF MOTHER Malvie Olsen

13. BIRTHPLACE OF MOTHER (State or Country) Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. Dossen
(Address) Burley, Idaho.

15.
Filed May 8 1912 D. Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Apr. (Month) 24th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 24 1912, to Apr. 24th 1912 that I last saw h.. alive on Apr. 24th 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Premature Birth Insanition

(Duration) ..... yrs. ..... mos. ½ ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
Apr. 24 1912 (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Burley, Idaho	Apr. 24th 1912
20. UNDERTAKER	ADDRESS
None	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1950
Registered No. 15

1. PLACE OF DEATH.
County of Cassia
City of Oakley
Registration District No. 31
Primary Registration District No. 2136
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Poulton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr. (Month) 10 (Day) 1834 (Year)

7. AGE: 78 yrs. 0 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business or establishment in which employed (or employer): -

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Richard Poulton

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: -

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Poulton
(Address) .....

15.
Filed Apr 25 1917 — O. P. Hotchkiss, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 9 1917, to Apr 21 1917
that I last saw him alive on Apr 21. 1917
and that death occurred on the date stated above, at 2:50 M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

2 hrs
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arterio-sclerosis. Acute Bronchitis. Chronic Interstitial Nephritis
(Duration) ..... yrs. ..... mos. 3wks ds.
(Signed) O. P. Oldham M. D.
4/21. 1917 (Address) Oakley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Oakley Ida — DATE OF BURIAL: Apr 23 1917

20. UNDERTAKER: Don't Know — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1951
Registered No. 16

1. PLACE OF DEATH. Registration District No. 31
County of Cassia Primary Registration District No. 212
City of Oakley (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jonathan Packer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Nathan W. Packer

11. BIRTHPLACE OF FATHER (State or Country): Penn,

12. MAIDEN NAME OF MOTHER: Elizabeth ..

13. BIRTHPLACE OF MOTHER (State or Country): Penn,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Walter Packer

15. Filed Apr 25 1912 P. B. Stockdale Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. 21 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~1911~~, to ~~1911~~ that I last saw him alive on Apr. 15 1912 and that death occurred on the date stated above, at 10A M.

The CAUSE OF DEATH* was as follows:
Probably coronary disease of heart. was not present at death.
two minutes (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arterio-sclerosis
(Duration) don't Know yrs. ..... mos. ..... ds.
(Signed) E. P. Johnson M. D.
4-21-1912 (Address) Oakley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Oakley Idaho — DATE OF BURIAL: Apr 23 1912

20. UNDERTAKER: None — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 8.1952
Registered No. 30

1. PLACE OF DEATH.
County of Owyhee
City of Silver (No. 5, St.)

Registration District No. 30
Primary Registration District No. 2120

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Abe A Berg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: December (Month) 19 (Day) 1846 (Year)

7. AGE: 66 yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Selma B. Schuyler
(Address) Silver City, Idaho

15.
Filed April 5th 1912
W. N. Schuyler, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31 1912, to April 2 1912, that I last saw him alive on April 2 1912 and that death occurred on the date stated above, at 10 a. M.

The CAUSE OF DEATH* was as follows:
Strangulation of Bowels.

(Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Perhaps an old hernia (?)
(Duration) 25 yrs. ..... mos. ..... ds.

(Signed) W. N. Schuyler M. D.
April 5 1912 (Address) Silver City, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Odd Fellows Cemetery
DATE OF BURIAL: April 5th 1912

20. UNDERTAKER: John Goetz
ADDRESS: Silver City Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 9 1953
Registered No. 30

1. PLACE OF DEATH.
County of Owyhee
City of Oreana (No. ....., ... St.)

Registration District No. 30
Primary Registration District No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. W. Rowsee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Unknown ..... 1 .....
(Month) (Day) (Year)

7. AGE About 61 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Blacksmith
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Patterson J.P.
(Address) Oreana Idaho

15. Filed May 10 1917 T. D. Farmer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May 7th 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h— alive on ..... 191...
and that death occurred on the date stated above, at 4 a M.

The CAUSE OF DEATH* was as follows:
Burned in house after
near Oreana Idaho—
Caused alcoholism—

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) alcohol
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. D. Farmer M. D.
May 10 1917 (Address) D. Lamon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Oreana Idaho. DATE OF BURIAL ..... 191...

20. UNDERTAKER None. Direction of Deputy Coroner. ADDRESS Oreana,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI-
CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
ment of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 10 1954
Registered No. 30

1. PLACE OF DEATH.
County of Owyhee
City of D Jamor
(No. ....., ... St.)

Registration District No. 30
Primary Registration District No. 2123

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Tyman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wood Contractor & Chopper
(b) General nature of industry business or establishment in which employed (or employer): Farming and hauling wood

9. BIRTHPLACE (State or Country): Bohemia

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Bohemia

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Bohemia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Bolke
(Address) Silver City Idaho

15. Filed May 9 1911 T D Somers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 23rd 191x
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h[illegible] alive on April 23rd 191x
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Injuries in bad storm while on Road home -
Exhaustion & Alcohol -
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Alcohol
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) T D Somers M. D.
May 9 191x (Address) D Somers

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Silver City Ida
DATE OF BURIAL: May 9 191x

20. UNDERTAKER: John Grebe
ADDRESS: Silver City

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 195

1. PLACE OF DEATH.
County of Elmore
City of Mountainhome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020
(No. ..., ... St.)

2. FULL NAME Charles McMillan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
1847 (Month) 1 (Day) (Year)

7. AGE
65 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Common Laborer
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER dont Know

11. BIRTHPLACE OF FATHER (State or Country) dont Know

12. MAIDEN NAME OF MOTHER dont Know

13. BIRTHPLACE OF MOTHER (State or Country) dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J H Casey
(Address) Mountainhome

15.
Filed 5-1 1912 W L Frazier
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1912, to 4-19 1912, that I last saw h[illegible] alive on 4-19 1912, and that death occurred on the date stated above, at 11.45 A. M.

The CAUSE OF DEATH* was as follows:
Acute Bright's disease
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W L Frazier M. D.
4-19 1912 (Address) Mountainhome

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Mountainhome
DATE OF BURIAL Apr 22 1912

20. UNDERTAKER J M Cowan
ADDRESS Mountainhome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

WYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1-1956
Registered No.

1. PLACE OF DEATH. Registration District No. 2 D
County of Elmore Primary Registration District No. 2020
City of Mountain Home (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Grantleaf Boardman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month), 12 (Day), 1840 ~~1842~~ (Year)

7. AGE: 72 yrs. 2 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stockgrower
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Boston Massachusetts

10. NAME OF FATHER: John Boardman

11. BIRTHPLACE OF FATHER (State or Country): Idaho Territory

12. MAIDEN NAME OF MOTHER: Idaho Territory

13. BIRTHPLACE OF MOTHER (State or Country): Idaho Territory

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Howe
(Address) Mountain Home Idaho

15.
Filed 5-1 1914 W. L. Fraser Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 21 (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1914, to April 21 1914, that I last saw him alive on April 21 1914, and that death occurred on the date stated above, at 8 20 P M.

The CAUSE OF DEATH* was as follows:
Spotted (tick) fever

(Duration) — yrs. — mos. 10 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Hawley M. D.
April 23 1914 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountainview — DATE OF BURIAL: April 23 1914

20. UNDERTAKER: J M Cowan — ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1957
Registered No. 11

1. PLACE OF DEATH.
County of Elmora
City of Mountainhome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Louis M. Barker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: 1843 (Month) 1 (Day) (Year)
7. AGE: 69 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): South Carolina
10. NAME OF FATHER: dont Know
11. BIRTHPLACE OF FATHER (State or Country): dont Know
12. MAIDEN NAME OF MOTHER: dont Know
13. BIRTHPLACE OF MOTHER (State or Country): dont Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lukey M. Barker
(Address) Little Camas Idaho.
15.
Filed 5—1 1912 W. L. Frazier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 5th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 31st 1912 to April 5th 1912 that I last saw him alive on April 5th 1912, and that death occurred on the date stated above, at 6.30 P. M.
The CAUSE OF DEATH* was as follows:
Idaho Tick or Spotted fever
(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Atheroma, mitral stenosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) B. W. Mather M. D.
4/5 1912 (Address) Mountain Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Kelsey Hosp. In the of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountainhome Idaho
DATE OF BURIAL: Apr 6 1912
20. UNDERTAKER: J. M. Cowan
ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1958

Registered No. 15

1. PLACE OF DEATH.
County of Clearwater
City of Orofino

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edelia Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: June (Month) 30 (Day) 1849 (Year)

7. AGE: 62 yrs. 8 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Edelia Pepper

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adell Edwards
(Address) Orofino

15. Filed April 5 1917 — W. McKinney, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 8 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Cardiac Hemorrhage Tuberculosis
P. A. Jeffreys
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Frazer — DATE OF BURIAL: 3-10 1917

20. UNDERTAKER: W. E. Stoddard by J. S. Hogue — ADDRESS: Kendrick Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1959
Registered No. 16

1. PLACE OF DEATH.
County of Blaine
City of Ohio
Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rachael Anna Thompson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November 21st 1842 (Month) (Day) (Year)

7. AGE: 70 yrs. 4 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Newyork

10. NAME OF FATHER: A. J. Briggs

11. BIRTHPLACE OF FATHER (State or Country): Newyork

12. MAIDEN NAME OF MOTHER: Metcalf

13. BIRTHPLACE OF MOTHER (State or Country): Newyork

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs O. R. Canning
(Address) Emaville Ida

15. Filed May 1 [redacted] M Bixby Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1912., to Mar 26 1912
that I last saw her alive on Mar 26 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Erysipelas.

(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Insanity
(Duration) ..... yrs. 6 mos. ..... ds.
(Signed) J. Nourse M. D.
Mar 28 1912 (Address) Ophir, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Toledo, Idaho
DATE OF BURIAL: Mch 191[redacted]

20. UNDERTAKER: G. E. Stoddard
ADDRESS: [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1960
Registered No. 17

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2058
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Darwin W Sargent

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: October 22 1910 (Month) (Day) (Year)

7. AGE: One yrs. 6 mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bonner Co. Idaho

10. NAME OF FATHER: John Sargent

11. BIRTHPLACE OF FATHER (State or Country): ~~Mary~~ Norway

12. MAIDEN NAME OF MOTHER: Mary Ingerson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Sargent
(Address) Orofino Ida.

Filed April 4 1912 W F Fairley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14 1912, to April 4 1912 that I last saw h[illegible] alive on April 4 1912 and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:
Tuberculous Meningitis

..... (Duration) ..... yrs. ..... mos. 3 1 ds.

Contributory (Secondary) ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W F Fairley M. D.
April 4 1912 (Address) Orofino Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orofino
DATE OF BURIAL: April 5 1912

20. UNDERTAKER: W E Hoddard By J J Hogue Orofino
ADDRESS: Gifford

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1961
Registered No. 18

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
Registration District No. 17
Primary Registration District No. 2075
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME May Annes Hiett

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: October (Month) tenth (Day) 1874 (Year)

7. AGE: 37 yrs. 6 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: Warren R Nevell

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Chandler
(Address) R.M. Orofino Idaho

15. Filed April 4 1912 J. M. Daily Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1912, to April 4 1912 that I last saw her alive on April 3 1912 and that death occurred on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Septicaemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Daily M. D.
April 4 1912 (Address) Orofino, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orofino, Idaho
DATE OF BURIAL: Apr 5 1912

20. UNDERTAKER: W. E. Hoddard
ADDRESS: Gifford, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1962

1. PLACE OF DEATH.
County of Bleagwater
City of Bronco

Registration District No. 19
Primary Registration District No. 3078
(No. ....., ... St.)

Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Madison Melvin Rice

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: August (Month) 28 (Day) 1850 (Year)

7. AGE: 61 yrs. 4 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Edmon Rice

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Lettie Jane Simes

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albin Rice
(Address) Rice Idaho

15. Filed April 20 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from apr 5 1912, to apr 12 1912
that I last saw him alive on apr 12 1912
and that death occurred on the date stated above, at 7 a M.
The CAUSE OF DEATH* was as follows:
Apoplexy

..... (Duration) ..... yrs. ..... mos. 8 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A M Jones M. D.
4-22 1912 (Address) Rice Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pleasant Ridge Cemetery
DATE OF BURIAL: 4/14 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford
by J. S. Hogue in charge of Eddins

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1963
Registered No. 20

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
(No. ....., ... St.)

Registration District No. 17
Primary Registration District No. 2078

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stephen Rayne -

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	married.

6. DATE OF BIRTH
..... (Month) ..... (Day) 1824. (Year)

7. AGE
88 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none -
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country) U.S.

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed ..... 6 ..... 191.
..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Apr. ..... 14 ..... 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1909, to Apr. 14 1912.
that I last saw h in alive on Apr 14 1912.
and that death occurred on the date stated above, at 20. M.

The CAUSE OF DEATH* was as follows:
old age - - Insanity.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity -
..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
Apr 15 1912. (Address) Orofino, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Headquarters Idaho
DATE OF BURIAL: ..... 191.

20. UNDERTAKER: Geo H. Shreve
ADDRESS: Orofino, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bear Water
City of Orofino

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

File No. 1964
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marion Kendrid Vanderpool

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 20th (Day) 1845 (Year)

7. AGE: 66 yrs. 10 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF FATHER: Alford Vanderpool

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: Sarah Bennett

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George M. Vanderpool
(Address) Lenore

15.
Filed April 24 1917 J. S. Hogue Local Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 23 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1917, to April 23 1917
that I last saw him alive on April 23 1917
and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. M. Vanderpool M. D.
Apr 3 1917 (Address) Orofino Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino
DATE OF BURIAL: April 24 1917

20. UNDERTAKER: W. E. Hoddard by J. S. Hogue
ADDRESS: Gifford Ida

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1965
Registered No. 50

1. PLACE OF DEATH.
County of Nez Perce
City of Wha. (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 2117

2. FULL NAME Elroy Raymond Gaskill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: July (Month) 23 (Day) 1856 (Year)
7. AGE: 55 yrs. 8 mos. 8 ds. IF LESS than 1 day how many .. hrs. or .. min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Lutcrans Co Union Town Ohio
10. NAME OF FATHER: aaron C Gaskill
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Rebeck Dowward
13. BIRTHPLACE OF MOTHER (State or Country): Indiana
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) address Wha Idaho
(Address) Murry A Gaskill
15. Filed May 10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF ~~DEATH~~ March (Month) 31 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1912, to Mar 31 1912, that I last saw h[im] alive on Mar 30 1912 and that death occurred on the date stated above, at 4-45 M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmorrhage
(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Arterio Sclerosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. L. Carlson M. D.
Mar 31 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Apr. 2 1912
20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1966
Registered No. 34

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. Cor. 6th st & C St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lim Yock Ah Yick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Chinese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Last January 1 (Month) (Day) (Year)
7. AGE: 49 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): China
10. NAME OF FATHER: Lipp Hung
11. BIRTHPLACE OF FATHER (State or Country): China
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country): China
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jim Chum
(Address) Portland, Oregon
15.
Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to April 1 1912, that I last saw h— alive on —— 1912 and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Gun Shot inflicted by himself Suicidal act
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.
(Signed) J. B. Morris M. D.
April 1st 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: 4/2 1912
20. UNDERTAKER: J. Casson — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nezperce. Registration District No. 16
City of Myrtle Ida, Primary Registration District No. 2074
(No. ....., ... St.)

File No. 1967
Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew Jackson McKay.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May 10th (Month) 10th (Day) 1830 (Year)

7. AGE: 81 yrs. 7 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: James McKay.

11. BIRTHPLACE OF FATHER (State or Country): Kentuckey

12. MAIDEN NAME OF MOTHER: Elizabeth Dent.

13. BIRTHPLACE OF MOTHER (State or Country): Kentuckey

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kate McKay
(Address) Myrtle, Idaho.

15.
Filed 4-4 1912 E. E. Watts Local Registrar
May 10-1912 E. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April — 3rd (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1910, to April 3rd 1912
that I last saw him alive on March 25th 1912
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Old age and General Decay.
Deceased had Nothing Special in his Case.
(Duration) 2 yrs. 1 mos. 1 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennigstaee M. D.
April 4 1912 (Address) Gifford Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Myrtle Ida
DATE OF BURIAL: April 6 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. , St.)

File No. 1968
Registered No. 36

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Olive Igelly

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fm.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) 16 (Day) 12 (Year)

7. AGE: 77 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: T. Igelly

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Dorothy Knowe

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): J. P. Wood
(Address): Rubens

15. Filed May 10 1912 — L. J. Perkins, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 4th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 21 1912, to Apr 4 1912, that I last saw him alive on Apr 3 1912, and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:
Ulcer of Stomach

(Duration) — yrs. — mos. — ds.
Contributory (Secondary): Old age
(Duration) yrs. mos. ds.

(Signed) L. L. Perkins M. D.
Apr 5 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rubens — DATE OF BURIAL: Apr. 7 1912

20. UNDERTAKER: J. Vassar — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 1969
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ed. Gray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Don't know (Month) (Day) 1 (Year)

7. AGE: 57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Don't know

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Larson
(Address) Lewiston Ida.

15. Filed May 10 1912 L.J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4/4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/1 1912 to 4/4 1912 that I last saw h[im] alive on 4/3 1912 and that death occurred on the date stated above, at 11/30 A.M.

The CAUSE OF DEATH* was as follows:
Chronic alcoholism and the use of narcotics

..... (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
..... (Duration) — yrs. — mos. — ds.

(Signed) H.H. Bronner M. D.
4/4 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 4 ds. In the Hospital State ..... yrs. ..... mos. 4 ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Nez Perce

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Apr. 7 1912

20. UNDERTAKER: J. Larson
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1970
Registered No. 38

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Nuel D. Houghton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Feminine
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September 8 Tuesday (Month) (Day) 1891 (Year)

7. AGE: 20 yrs. 5 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House - wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wood County - Wisconsin Port Edwards

10. NAME OF FATHER: John Baire

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Nellie Baldeu

13. BIRTHPLACE OF MOTHER (State or Country): Township 7 Ripley Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Chas. Strilling
(Address) 1013 Oak St. Sand Point Ida.

15.
Filed April 9 1912
May 10 - 1912
L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 8th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1912, to Apr 8 1912
that I last saw her alive on Apr 8th 1912
and that death occurred on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:
Ingestion
..... (Duration) ..... yrs. ..... mos. 28 ..... ds.
Contributory (Secondary) Vomiting of pregnancy
..... (Duration) ..... yrs. ..... mos. 26 ..... ds.

(Signed) O. C. Carson M. D.
Apr 9 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Sandpoint
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: O. Carson
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1971

Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. 323, North st St.)

2. FULL NAME Laura K Addison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: 9 (Month) 13 (Day) 1874 (Year)

7. AGE: 38 yrs. 1 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer): housewife

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: August Benson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Emma Mochel

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. L. Higgins
(Address) Lewiston

15. Filed May 10 1912 — L J Parker, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1911, to 4/6 1912
that I last saw her alive on 4/6 1912
and that death occurred on the date stated above, at 12-30 A.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. D. Course M. D.
4/9 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Apr. 10 1912

20. UNDERTAKER: J. Hassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1972
Registered No. 40

1. PLACE OF DEATH.
County of Nez Perce
City of Lenora (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 2076

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marie Erkson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug. (Month) 10 (Day) 1868 (Year)

7. AGE: 44 yrs. 6 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer): Housework

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Eric Erkson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Cathrine Larson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Grandquist
(Address) Lenora, Idaho

15. Filed May 10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1912, to April 7 1912, that I last saw her alive on April 6 1912 and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the Peritoneum

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J W Stonebraker M. D.
..... 19 ..... (Address) Leland

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jenny Lind Idaho
DATE OF BURIAL: 4/10 1912

20. UNDERTAKER: Goddard
ADDRESS: Gifford Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1973
Registered No. 41

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. 1307, 16th Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Agnes Elizabeth Wall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 21 (Day) 12 (Year)

7. AGE: ....yrs. 1 mos. 19 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: James J. Wall

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Mary Elizabeth Andrews

13. BIRTHPLACE OF MOTHER (State or Country): Wis.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. J. Wall
(Address) Lewiston

15. Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....1912...., to ....1912....
that I last saw h....alive on ....1912....
and that death occurred on the date stated above, at 5.4. M.
The CAUSE OF DEATH* was as follows:
Bronchio pneumonia

.....(Duration) ....yrs. ....mos. ....ds.
Contributory (Secondary) Pertussis
.....(Duration) ....yrs. ....mos. ....ds.
(Signed) L. J. Perkins M. D.
4-10 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Apr. 10 1912

20. UNDERTAKER: J. Cassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1974
Registered No. 42

1. PLACE OF DEATH.
County of Nez Perce
City of Culdesac

Registration District No. 16
Primary Registration District No. 2073
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Green M. Smith alias Geo. L. Morgan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: [illegible] (Month) (Day) 1839 (Year)

7. AGE: 73 yrs. ___ mos. ___ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Georgia

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Broncheau
(Address) Culdesac

15.
Filed Apr. 11 1917
May 10 1917
J. H. Ragsdale Local Registrar
L. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 10 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 6 1917, to Apr. 10 1917
that I last saw him alive on Apr. 10 1917
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Cerebral Embolism

(Duration) 2 yrs. mos. 1 ds.
Contributory (Secondary) Valvular lesion of heart
(Duration) 2 yrs. mos. ds.
(Signed) J. H. Ragsdale M. D.
Apr. 11 1917 (Address) Culdesac

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Culdesac
DATE OF BURIAL: Apr. 12 1917

20. UNDERTAKER: Chas E Carlson
ADDRESS: Culdesac

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1975
Registered No. 43

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 14
Primary Registration District No. 1059
(No.) Joseph E. Templeton Hospital

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME J. E. Templeton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M.	W.	Widowed

6. DATE OF BIRTH Don't know
(Month) (Day) (Year)

7. AGE — yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Do not know

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Larson
(Address) Lewiston

15. Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH April 11 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 191..., to Apr 11th 1912
that I last saw h.. alive on Apr 11 1912
and that death occurred on the date stated above, at 6.35 P M.

The CAUSE OF DEATH* was as follows:
Acute Nephritis

(Duration) ... yrs. ... mos. 30 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) O. C. Leaverton M. D.
April 12 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos 4 hrs
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Lewiston

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Apr. 13 1912

20. UNDERTAKER: J. Larson
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 6. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1076

Registered No. 44

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. 623 4th Ave Lew St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME A. Darwin Clifford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 16th (Month) 16 (Day) 1882 (Year)

7. AGE: 29 yrs. 6 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Book Keeping
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Andover Ohio

10. NAME OF FATHER: Justus Remington Clifford

11. BIRTHPLACE OF FATHER (State or Country): Andover Ohio

12. MAIDEN NAME OF MOTHER: Sarah E Kellogg

13. BIRTHPLACE OF MOTHER (State or Country): Andover Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J R Clifford
(Address) 623 4th Ave Lewiston Ida

15. Filed May 10 1912 S J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5th 1912, to April 12 1912 that I last saw him alive on April 12 1912 and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the Lungs.

(Duration) 3 yrs. X mos. X ds.
Contributory (Secondary) Tuberculosis of Intestines Liver & Kidneys.
(Duration) X yrs. X mos. X ds.

(Signed) Edgar L White M. D.
April 13 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: April 14 1912

20. UNDERTAKER: J Larson — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1977
Registered No. 45

1. PLACE OF DEATH.
County of Nezperce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. St Joseph Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Prusia Lee Ball

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	White	Married

6. DATE OF BIRTH: June (Month) 17 (Day) 1862 (Year)

7. AGE: 49 yrs. 10 mos. 2 ds. IF LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ind.

10. NAME OF FATHER: Virgil Hammack

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Sarah Watson

13. BIRTHPLACE OF MOTHER (State or Country): Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo F Barr
(Address) Grer Ida

15. Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 15 1912, to Apr 19 1912, that I last saw h..... alive on ..... 191.... and that death occurred on the date stated above, at 8.45 a.M.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia
(Duration) 4 yrs. 6 mos. ds.
Contributory (Secondary) Exophthalmic Goitre
(Duration) 5 yrs. mos. ds.

(Signed) J. F. Hurlbutt M. D.
4/19 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 4 ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Elsberry Mo — DATE OF BURIAL ..... 191....

20. UNDERTAKER: Lasar — ADDRESS: Lewiston Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistic

PLACE OF DEATH.

County of Nez Perce

City of Lewiston

Registration District No. 16

Primary Registration District No. 1009

(No. ....., Farm St.)

File No. 1978

Registered No. 46

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eric Hendrickson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex ment of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Norwegian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr 23 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Dont Know

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Larsen
(Address) Lewiston

15.
Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 20 1912, to Apr 23 1912 that I last saw h... alive on Apr 22 1912 and that death occurred on the date stated above, at 5:00 AM.

The CAUSE OF DEATH* was as follows:
Kidney trouble
Uremic convulsions

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) L J Perkins MD

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. T. Strawhan M. D

Apr 24 1912 (Address) Supt Co Hosp.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... d

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Apr. 26 1912

20. UNDERTAKER: L. Larsen — ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

This man came to me in a coma never aroused C.T.S.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1979
Registered No. 44

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston Ida.

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George S Dulin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: June (Month) 18 (Day) 1826 (Year)

7. AGE: 86 yrs. 11 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A L Slichter
(Address) Clarkston Wash

15. Filed May 10 1912 L J Parker Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1912, to Apr 24 1912 that I last saw h[illegible] alive on Apr 22 1912 and that death occurred on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation
dropsy

..... (Duration) do not know ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David H Ransom M. D.
Apr 25 1912 (Address) Clarkston Wn

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Lewiston ..... yrs ..... mos 7 ds.
In the St Josephs Hospital State ..... yrs ..... mos 7 ds.
Where was disease contracted, if not at place of death?
Former or usual residence Clarkston Wn

19. PLACE OF BURIAL OR REMOVAL: Clarkston Wn
DATE OF BURIAL: Apr 26 1912

20. UNDERTAKER: H. Merchant
ADDRESS: Asotin Wn

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1980
Registered No. 48

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 2073

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wenzel Hasenoehrl

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 26 (Day) 1849 (Year)

7. AGE: 63 yrs. 11 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): Farm work

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Apr. 30 1912 — E. H. Ragsdale, Local Registrar
May 10-1912 L. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1912, to April 18 1912
that I last saw h[illegible] alive on April 18 1912
and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

about (Duration) — yrs. 8 mos. — ds.

Contributory (Secondary) Carcinoma Liver

(Duration) — yrs. One mos. — ds.

(Signed) Geo. Langhlin M. D.

April 29 1912 (Address) Winchester Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery Lewiston — DATE OF BURIAL: Apr 29 1912

20. UNDERTAKER: J. Mission & Son — ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1981
Registered No. 49

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1909
(No. ..... Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Peter Blair Hoy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: May (Month) 23 (Day) 1879 (Year)

7. AGE: 32 yrs. 11 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Switchman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Walton Delaware Co. N.Y.

10. NAME OF FATHER: Bavina Delaware Co N.Y.

11. BIRTHPLACE OF FATHER (State or Country): David Hoy

12. MAIDEN NAME OF MOTHER: Josepine Clark

13. BIRTHPLACE OF MOTHER (State or Country): Bavaria Delaware Co N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J.W. Cathey
(Address) City

15. Filed May 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 28 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27 1912, to April 28 1912 that I last saw him alive on April 28 1912 and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Injuries while in work for
O.W.R.R. Railroad

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory — Shock
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.R. Morris M. D.
April 28 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Walton N.Y.
DATE OF BURIAL ..... 191...

20. UNDERTAKER: J. Lassar
ADDRESS: Lewiston Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1982
Registered No. 23

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13 2053
Primary Registration District No. ~~2053~~
(No. None St.)

2. FULL NAME Ramon Herera

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE: 24 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mexico

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Patrie
(Address) Blackfoot Ida

15. Filed ~~April 14~~ March 14 1912
M. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Investigated death of April 9 1912
~~that I last saw h~~ alive on ~~1911~~
and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:
Gun shot wound through heart - Resisting arrest Shot by City Marshall
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. E. Patrie M. D.
March 11 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grove City Cemetery
DATE OF BURIAL: March 11 1912

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

Coroners inquest held March 10 - 1912
E. J. Peck

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1983
Registered No. 24

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. 318, N. Alice St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jamie A Wallace

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 5 (Month) 15 (Day) 1838 (Year)

7. AGE: 73 yrs. 11 mos. 25 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: carpenter — None for several years
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: William Wallace

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Elizabeth Fleming

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret Wallace
(Address) Blackfoot

15. Filed April 2 1912 — M E Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....191...., to Apr 10 1912
that I last saw h[illegible] alive on Apr 10 1912
and that death occurred on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Paralysis

.....(Duration).....yrs.....mos.....ds.
Contributory (Secondary) Apoplexy
.....(Duration) 1 yrs.....mos.....ds.
(Signed) C. N. Hoover M. D.
4/11 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Firth Cemetery — DATE OF BURIAL: April 12 1912

20. UNDERTAKER: E J Peck — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

File No. 1984
Registered No. 25
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Fleming

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 1880
(Month) (Day) (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer - Blacksmith
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A Poole M.D.
(Address) Blackfoot Idaho

15. Filed April 13 1912 W. E. Petrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 10 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10 1912, to April 10 1912 that I last saw h[illegible] alive on April 10 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Rupture of liver & internal hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Francis A Poole M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 1 ds. In the State 9 yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence. Salmon City. Idaho.

19. PLACE OF BURIAL OR REMOVAL: Baker City. Oregon
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Brown Eldredge Fun. Co.
ADDRESS: Blackfoot. Id.
E. J. Peck -

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Ravenna

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

File No. 1985
Registered No. 26

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Wray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Married): Married

6. DATE OF BIRTH: May (Month) 16 (Day) 1853 (Year)

7. AGE: 58 yrs. 10 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Enos Wray

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Martha Monks

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Davis M D
(Address) Blackfoot Ida

15. Filed April 15 1912 — M. E. Petrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1912, to April 14 1912
that I last saw him alive on April 14 1912
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia
Lobar (Double)

(Duration) — yrs. — mos. 6 ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) J B Davis M. D.
April 15 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverside Thomas Co — DATE OF BURIAL: Apr 16 1912

20. UNDERTAKER: A V Robbins — ADDRESS: Blackfoot R 2 Box 4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1986
Registered No. 27

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot R.F.D. 3 (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Russel Bruce Solenburg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Married~~

6. DATE OF BIRTH: April (Month) 6 (Day) 1911 (Year)

7. AGE: 1 yrs. — mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Blackfoot Ida

10. NAME OF FATHER: W.C. Solenburg

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Emma Schofield

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.C. Solenburg
(Address) Blackfoot Ida

15. Filed April 18 1912 W.E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1912, to April 17 1912 that I last saw him alive on April 15 1912 and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) —

..... (Duration) — yrs. — mos. — ds.

(Signed) J.B. Davis M. D.

April 18 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Iona City Cemetery DATE OF BURIAL: April 18 1912

20. UNDERTAKER: E J Funk ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1987

Registered No. 28

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 13

County of Bingham

Primary Registration District No. 2053

City of Blackfoot

(No. Idaho Insane Asylum St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rowland A. Robb.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1833 (Year)

7. AGE: 79 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION

(a) Trade, professsion, or particular kind of work: Farmer

(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances A. Poole

(Address) Blackfoot. Idaho

15. Filed April 18 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1912, to Apr. 17 1912 that I last saw h[im] alive on April 17 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Senile Debility

9

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances A. Poole M. D.

19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 10 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence. .....

19. PLACE OF BURIAL OR REMOVAL: Boise. Idaho.

DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Bown Eldredge Fun. Co.

ADDRESS: Blackfoot, Id.

E. F. Peck,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1988
Registered No. 29

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot 4
(No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hogan Hansen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: 4 (Month) 28 (Day) 1822 (Year)

7. AGE: 89 yrs. 11 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Hans Hakanson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Edna Olsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Hanson
(Address) Blackfoot

15. Filed 4/19 19 12 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ saw Hogan dead ..... 191..., to ..... 191...
~~that I last saw him alive on~~ April 19 1912
and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Old age & general debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Patrie M. D.
4/19 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hyrum Utah
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1989
Registered No. 20

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. ....., ... St.)
Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fred Robt Hammermaster

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 25 (Day) 1888 (Year)

7. AGE: 24 yrs. 1 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Clerk - Grocery
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Fred Hammermaster

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Matilda Wedde

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Wedde
(Address) Campbellsport Wis

15. Filed April 26 1912 — M. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19 1912, to April 26 1912
that I last saw him alive on April 25 1912
and that death occurred on the date stated above, at 12.20 a M.

The CAUSE OF DEATH* was as follows:
Cerebral Meningitis
Pneumonia Lobularis

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. E. Patrie M. D.
April 26th 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Maywille Wis
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: J. H. Bellhouse
ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1998
Registered No. 33

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Mapping Mine St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ott Wilton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 46 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): unknown

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Montgomery
(Address) Wallace

15. Filed Apr 8 1912 — A. Leo Lenfest, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Apr 7 1912
and that death occurred on the date stated above, at 3:30 P.M.
The CAUSE OF DEATH* was as follows:
Falling down the Chute in Morning Mine, fracture dislocation of cervical vertebrae instant
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. H. Montgomery M. D.
Apr 8 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace — DATE OF BURIAL: 4/9 1912

20. UNDERTAKER: Bruce & Worstell — ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1991
Registered No. 39

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Backlund

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married.
6. DATE OF BIRTH: ——— (Month) ——— (Day) 1 (Year)
7. AGE: 38 yrs. — mos. — ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Finnland
10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (State or Country): Finnland
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (State or Country): Finnland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address)
15. Filed April 1, 1912. A. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 26 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar 26 1912 to Mar 26 1912 that I last saw him alive on Mar 26 1912 and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Exposure & Alcoholism
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr. Murphy M. D.
March 27 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace — DATE OF BURIAL: Apr 2 1912
20. UNDERTAKER: H. P. Ward — ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 39
Registered No. 30

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone. Primary Registration District No. 1011
City of Wallace (No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Artomsk

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 57 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Warsaw, Poland

10. NAME OF FATHER: unknown.

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Felix Kempsey
(Address) Mullan, Idaho

15. Filed April 1, 1912. H. Les Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 31st 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 25 1912 to Mar 31 1912
that I last saw h~~im~~ alive on Mar 30 1912
and that death occurred on the date stated above, at 4:00 A.M.
The CAUSE OF ~~DEATH~~* was as follows:
Internal injuries accidental

..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) accidental extensive injuries & age
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. McSwiney M. D.
Apr 1 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mullan Idaho — DATE OF BURIAL: Apr. 3rd 1912

20. UNDERTAKER: H. P. Mund — ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1993
Registered No. 31

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.
Registration District No. 38
Primary Registration District No. 1011
(No. Hope Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marie Iveraas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: — — 1 (Month) (Day) (Year)

7. AGE: 26 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Milliner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: O. H. Iveraas.

11. BIRTHPLACE OF FATHER (State or Country): Norway.

12. MAIDEN NAME OF MOTHER: Carrie Knutson.

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Helen Iveraas
(Address) Wallace Ida

15. Filed April 5, 1912 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 3rd 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st 1912, to March 30 1912 that I last saw h. alive on March 30 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Acute Pancreatitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard C. Somers M. D.

4/5/12 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Elroy, Wis.
DATE OF ~~BURIAL~~ Removal: Apr. 6 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

File No. 1991
Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hazel Brown.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: ..... yrs. 7 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wallace,

10. NAME OF FATHER: Marion Brown

11. BIRTHPLACE OF FATHER (State or Country): Not known,

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. T. Ward.
(Address) Wallace, Ida.

15.
Filed Apr 6 1912 W. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 5 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20 1912 to Apr. 5 1912
that I last saw her alive on Apr 5 1912
and that death occurred on the date stated above, at 730 A.M.

The CAUSE OF DEATH* was as follows:
Congenital Marasmus
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Prematurity & maternal insanity
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D.S. Mowery M. D.
Apr 6 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace.
DATE OF BURIAL: Apr. 7 1912

20. UNDERTAKER: H T Ward
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. ..... Cedar ..... St.)

File No. 1912
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Barbara Hohr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 25 (Day) 1910 (Year)

7. AGE: ..... yrs. 19 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wallace

10. NAME OF FATHER: Milton J. Hohr

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania Ohio

12. MAIDEN NAME OF MOTHER: Mary Mansfield

13. BIRTHPLACE OF MOTHER (State or Country): Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Leo Quigley
(Address) Wallace Idaho

15.
Filed Apr 11 1912 F. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 8 1912 to Apr 9 1912
that I last saw her alive on Apr 9 1912
and that death occurred on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:
Endocarditis

..... (Duration) ..... yrs. ..... mos. 1 mo ds.
Contributory (Secondary) Bronchopneumonia
..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) F. Leo Quigley M. D.
Apr 11 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Apr 11 1912

20. UNDERTAKER: B. D. Morstad
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1996
Registered No. 35

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Hope Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Ruth Featherstone

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single
6. DATE OF BIRTH: Nov. (Month) 13 (Day) 1911. (Year)
7. AGE: 0 yrs. 6 mos. 7 ds.
IF LESS than 1 day how many .....hrs. or .....min?

OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): none

9. BIRTHPLACE (State or Country): Wallace Idaho
10. NAME OF FATHER: A. H. Featherston
11. BIRTHPLACE OF FATHER (State or Country): Minnesota
12. MAIDEN NAME OF MOTHER: Grace Poe
13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A H Featherstone
(Address) Wallace Ida

15.
Filed April 24, 1912 H. Leo Dempsey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th 1912, to April 21st 1912 that I last saw h[er] alive on April 21st 1912 and that death occurred on the date stated above, at 11:a M.

The CAUSE OF DEATH* was as follows:

Congenital Heart malformation

(Duration) yrs. 6 mos. 7 ds.
Contributory (Secondary) Marasmus
(Duration) yrs. 2 mos. ds.

(Signed) Mark Smith M. D.
April 24th 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Coeur d'Alene City
DATE OF BURIAL: Apr. 22 1912

20. UNDERTAKER: Bruce G Wostell
ADDRESS: Wallace Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1997
Registered No. 36

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.

Registration District No. 28
Primary Registration District No. 1011
(No. Hoyt. Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Emil Eng.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE
37 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nykarleby (Finland)

10. NAME OF FATHER: Jacob Eng.

11. BIRTHPLACE OF FATHER (State or Country): Finland.

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Finland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Victor Eng
(Address): Washington State

15.
Filed April 22, 1912 H. Leo Quigley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 19 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15th 1912, to April 19 1912, that I last saw him alive on April 19 1912 and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Alcoholism
(Duration) Several yrs. ..... mos. ..... ds.

(Signed) Mart Smith M. D.
April 22nd 1912 (Address) Wallace, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Apr. 22 1912

20. UNDERTAKER: A. D. Nast
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 199
Registered No. 37

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 10 11
(No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Welish

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
51 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Austria

10. NAME OF FATHER Not Known.

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. P. Ward
(Address) Wallace Ida.

15.
Filed Apr. 23, 1912 H. Leo Dunphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 18th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1912, to Apr 17 1912
that I last saw him alive on Apr 17 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Exposure
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas Dittman M. D.
Apr 22 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Apr. 23 1912

20. UNDERTAKER: A. P. Ward
ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1990
Registered No. 38

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 38
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Milton Joseph McDonald.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 22 (Day) 1902 (Year)

7. AGE: 9 yrs. 8 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wallace.

10. NAME OF FATHER: Alex P. McDonald.

11. BIRTHPLACE OF FATHER (State or Country): New Brunswick.

12. MAIDEN NAME OF MOTHER: Louise M. Lawson.

13. BIRTHPLACE OF MOTHER (State or Country): California

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address) City

15. Filed Apr. 23, 1912 F. L. Lo Dunley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to April 19th 1912 that I last saw him alive on April 19th 1912 and that death occurred on the date stated above, at 12 10 a M.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Stone M. D.
Apr. 22, 1912 (Address) Wallace, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Apr. 23 1912

20. UNDERTAKER: H. P. Ward.
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2006
Registered No. 39

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.
Registration District No. 28
Primary Registration District No. 10 11
(No. 317, Pine St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James McAuley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	White	Widowed

6. DATE OF BIRTH
..... 1
(Month) (Day) (Year)

7. AGE
72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Miner
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland.

10. NAME OF FATHER Not known.

11. BIRTHPLACE OF FATHER (State or Country) Not known

12. MAIDEN NAME OF MOTHER Not known.

13. BIRTHPLACE OF MOTHER (State or Country) Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. E. Ward.
(Address) Wallace, Idaho.

15.
Filed Apr. 24, 1912 F. Lee Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 23rd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1912, to Apr 23 1912
that I last saw him alive on Apr 20 1912
and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:
Myocarditis

..... (Duration) 8 or 10 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry M. D.
Apr 24 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wallace Ida.	Apr. 25th 1912.

20. UNDERTAKER	ADDRESS
H. E. Ward.	Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2001
Registered No. ....

1. PLACE OF DEATH
County of Bingham
City of Shelley
(No. .... St.)
Registration District No. 39
Primary Registration District No. 2132

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ~~Eliza~~ Naomi Goff

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Single~~ Married (Write the word.)
6. DATE OF BIRTH: 8 (Month) 7 (Day) 1877 (Year)
7. AGE: 34 yrs. 8 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): ....
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Andrew Jaunene
11. BIRTHPLACE OF FATHER (State or Country): Sweeden
12. MAIDEN NAME OF MOTHER: Elyda allen
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ....
(Address) ....
15. Filed 3-16-1912 Edson Cutler Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 3 (Month) 18 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 3-14-1912 to 3-16-1912 that I last saw her alive on 3-15-1912 and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Placenta Previa
.... (Duration) .... yrs. 2 mos. .... ds.
Contributory (Secondary) Nervous Worry
.... (Duration) Indefinite yrs. .... mos. .... ds.
(Signed) Edson Cutler M. D.
3-16-1912 (Address) Shelley Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .... yrs .... mos .... ds. In the State .... yrs .... mos .... ds.
Where was disease contracted, if not at place of death? ....
Former or usual residence ....

19. PLACE OF BURIAL OR REMOVAL: Shelley Ida. DATE OF BURIAL: 3-17-1912
20. UNDERTAKER: E. L. Smith ADDRESS: Shelley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2003
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Gooding (No. ....., ... St.)
Registration District No. 33
Primary Registration District No. 2102

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eileen Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Single

6. DATE OF BIRTH: 5 (Month) 21 (Day) 1911 (Year)

7. AGE: 1 yrs. 10 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gooding Co. Bingham Co. Idaho

10. NAME OF FATHER: W. R. Young

11. BIRTHPLACE OF FATHER (State or Country): Washington Co. Utah

12. MAIDEN NAME OF MOTHER: Lydia L. Bradley

13. BIRTHPLACE OF MOTHER (State or Country): Sanpete Co. Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. R. Young
(Address) Gooding Idaho

15. Filed 5-21 1911 Edwin Cutler Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) - 8 (Day) - 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-4 1912, to 4-7 1912 that I last saw h.r alive on 4-7-1912 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Malnutrition all its life.
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Edwin Cutler - M. D.
..... 19..... (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding — DATE OF BURIAL: 4-10 1912

20. UNDERTAKER: None Employed — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2004
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 33
Primary Registration District No. 2112
(No. ....., ... St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elnora Ellen Gifford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH: April (Month) 10 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... mins.? 2 hrs

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Woodville, Bingham Co. Idaho

10. NAME OF FATHER: Geo. Alvin Gifford

11. BIRTHPLACE OF FATHER (State or Country): Joseph City Beaver Co. Utah

12. MAIDEN NAME OF MOTHER: Florence Ellen Chaffin

13. BIRTHPLACE OF MOTHER (State or Country): Salt Lake City, Salt Lake Co. Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Alvin Gifford
(Address) Woodville Idaho

15. Filed 4-10-1912 Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-10 1910, to 4-10 1910, that I last saw her alive on 4 10 1912, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Cutler M. D.
4-10 1912 (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodville — DATE OF BURIAL: 4-11 1912

20. UNDERTAKER: None employed — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2005
Registered No.

1. PLACE OF DEATH. Registration District No. 35
County of Bingham Primary Registration District No. 2 57
City of Shelley (No. ....., ... St.)
If death occurs away from usual residence; give facts called for under special information.

2. FULL NAME Benager Campbell
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word): Married
6. DATE OF BIRTH: August 10 1863 (Month) (Day) (Year)
7. AGE: 48 yrs. 10 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Penn
10. NAME OF FATHER: Daniel Campbell
11. BIRTHPLACE OF FATHER (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): " "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Benager Campbell
(Address) Shelley Idaho
15.
Filed 5-9 191 2 Edwin Cutler Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 4-17- 1912, to 4-20- 1912
that I last saw him alive on 4-19- 1912
and that death occurred on the date stated above, at 1 A. M.
The CAUSE OF DEATH* was as follows:
Apoplexy
..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Nephritis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Edwin Cutler M. D.
4-21 1912 (Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby Idaho — DATE OF BURIAL: April 22 1912
20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2006

Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Basalt.
(No. ....., ... St.)

Registration District No. 33
Primary Registration District No. 2153

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thuron Griffiths

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: Feb. (Month) 26 (Day) 1912 (Year)

7. AGE: 1 yrs. 1 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Basalt Bingham Co. Idaho

10. NAME OF FATHER: Lloyd Griffiths

11. BIRTHPLACE OF FATHER (State or Country): Provo, Utah Beaver Co.

12. MAIDEN NAME OF MOTHER: Mabel McCurdy

13. BIRTHPLACE OF MOTHER (State or Country): Avid. Bear Lake Co. Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lloyd Griffiths
(Address) Firth, Idaho.

15.
Filed 4-22 1912 Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20 1912, to 4-20-1912 that I last saw him alive on 4-20-1912 and that death occurred on ~~the date~~ 4-21-1912 stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:
Whooping Cough

(Duration) ..... yrs. ..... mos. 7- ds.
Contributory (Secondary) Bronchitis
(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Edwin Cutler M. D.
4-22 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Basalt Idaho
DATE OF BURIAL: 4-23 1912

20. UNDERTAKER: C. H. Hunt
ADDRESS: Idaho Falls Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2007
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Woodville (No. ....., ... St.)
Registration District No. 33
Primary Registration District No. 2167

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jas. Wallace Moses.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: March 15 1910 (Month) (Day) (Year)
7. AGE: 2 yrs. 1 mos. 13 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....
9. BIRTHPLACE (State or Country): Woodville. Idaho
10. NAME OF FATHER: G. R. Moses
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Mary Wallace
13. BIRTHPLACE OF MOTHER (State or Country): Scotland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. R. Moses.
(Address) R.D. #4 Idaho Falls
15.
Filed 4-28-1912 Edwin Cullen M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 4-27-1912
James Wallace Moses 191
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from 4-20- 1912, to 4-27- 1912
that I last saw him alive on 4-25- 1912
and that death occurred on the date stated above, at 12 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Whooping Cough
..... (Duration) ..... yrs. ..... mos. 14 ds.
(Signed) Edwin Cullen M. D.
4-28- 1912 (Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds.
In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Shelley Idaho — DATE OF BURIAL: April 28 1912
20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

County of Twin Falls

Primary Registration District No. 2085.

File No. 200

City of ..... (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Wallace Culbertson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH: May (Month) 8th (Day) 1865 (Year)

7. AGE: 46 yrs. 10 mos. 3 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry business, or datablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Houston Culbertson

11. BIRTHPLACE OF FATHER (State or Country): ##### Ohio

12. MAIDEN NAME OF MOTHER: Sarah McKee

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Olive Culbertson (wife)
(Address) Twin Falls R.F.D.

15. Filed Apr. 6 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8th 1912, to April 8th 1912, that I last saw him alive on April 2nd 1912, and that death occurred on the date stated above, at 1 00 M.

The CAUSE OF DEATH* was as follows:

Diabetic Coma resulting from Diabetic Nucleus Coma of 48 hrs Duration (Duration) 2 yrs. mos. ds.

Contributory (Secondary) Apoplexy? Sleight attacks (Duration) yrs. 10 mos. ds.

(Signed) Duncan L. Abernethy M. D.

April 6 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls — DATE OF BURIAL: 4-9 1912

20. UNDERTAKER: C J Crosby — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2009
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital or institution or camp, give its name instead of street and number

2. FULL NAME Samuel Lynch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Feb. 9th '1887 (Month) 1 (Day) (Year)

7. AGE: 25 yrs. 1 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: James Louis Lynch

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Julia Ann Canada

13. BIRTHPLACE OF MOTHER (State or Country): Mousouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Louis Lynch (father)
(Address) Milner Ida. Ada Co Idaho

15. Filed apr 7 1912 John H Haight Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 6 (Day) 19 (Y)

17. I HEREBY CERTIFY, That I attended deceased March 29, 191 2, to Apr. 6, 19
that I last saw him alive on Apr 5, 191 2
and that death occurred on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) yrs. mos. 8 ds.
Contributory (Secondary)
(Duration) yrs mos. ds.
(Signed) W. G. Tate M. D.
Apr 8, 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Milner — DATE OF BURIAL: 4-8 1912

20. UNDERTAKER: J Crowley — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Twin Falls

City of " "

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23

Primary Registration District No. 2085.

(No. ....., ... St.)

File No. 2016

Registered No. .....

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Alfred Jacobson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: March 13th '12 (Month) (Day) (Year) 1

7. AGE: ..... yrs. ..... mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Twin Falls

10. NAME OF FATHER: Otto Jacobson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Mary Sorenson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Otto J. Jakobsen

(Address) Twin Falls R.F.D.

15. Filed Apr. 9 1912 John Haughton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13th 1912, to Apr. 9th 1912, that I last saw him alive on Apr. 4 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Marasmus from premature birth

(Duration) ..... yrs. ..... mos. 27 ds.

Contributory Premature Labor (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Pike M. D.

Apr. 9 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL ~~OR REMOVAL~~	DATE OF BURIAL
Twin Falls.	Apr 10 1912

20. UNDERTAKER	ADDRESS
C J Crosby	Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Twin Falls — Registration District No. 23

City of Twin Falls — Primary Registration District No. 2085 — File No. 2011

(No. ....., ... St.) — Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Edwin Galloway

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Divorced

6. DATE OF BIRTH: June 7th' 1875 (Month) (Day) 1 (Year)

7. AGE: 37 yrs. 9 mos. 3 ds. — IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: J.K.Galloway

11. BIRTHPLACE OF FATHER (State or Country): Residence Shenadoah, Iowa

12. MAIDEN NAME OF MOTHER: Mary, last name unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bessie Galloway Divorced wife
(Address) Twin Falls Idaho

15. Filed Apr. 12 1913 — John L. Coghlin — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 10th' 12 (Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot in head just back of right ear, bullet not coming out

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Carl, M.D.

19.... (Address) Twin Falls, Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls — DATE OF BURIAL: 4 — 16 1912

20. UNDERTAKER: A J Crosby — ADDRESS: Twin [illegible]

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2012
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ernest Gerrenmon Barry
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. 14th 1858 (Month) 1 (Day) (Year)

7. AGE: 54 yrs. 3 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .... Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: Basil Murrill Barry

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Sarah Elizabeth Pierce

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Lee Barry
(Address) Twin Falls Idaho

15.
Filed April 5. 1912 John H. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1912, to April 13 1912, that I last saw him alive on April 12 1912 and that death occurred on the date stated above, at 1:30 a.m. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H.W. Wilson M. D.
April 15 1912 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls
DATE OF BURIAL: April 16 1912

20. UNDERTAKER: C.J. Crosby
ADDRESS: Twin Falls,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

County of Twin Falls

Primary Registration District No. 2085

City of Twin Falls (No. ....., ... St.)

File No. 2013

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Forest Edwin Dickson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: March 17th'1910 (Month) 1 (Day) (Year)

7. AGE: 2 yrs. ..... mos. 30 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls

10. NAME OF FATHER: F.E.Dickson

11. BIRTHPLACE OF FATHER (State or Country) Oregon

12. MAIDEN NAME OF MOTHER: Ada Stillwell

13. BIRTHPLACE OF MOTHER (State or Country) North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F E Dickson
(Address) Twin Falls

15. Filed Apr. 17 1912 John H Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 16 (Month) (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 14 191 2, to April 16 191 2, that I last saw h.im alive on April 16 191 2 and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Pneumonia complicating
Scarlet Fever

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) Scarlet Fever

(Duration) — yrs. — mos. — ds.

(Signed) J. R. Morgan M. D.
April 17 1912 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: 4 - 17 191 2

20. UNDERTAKER: A J Crosby — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2085

File No. 2014

County of Twin Falls

City of Twin Falls (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Winona, Truesdale

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: March 23rd 1882 (Month) (Day) (Year)

7. AGE: 30 yrs. mos. 24 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Morgan Williams

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Fanny Arthur

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. S. Truesdale
(Address) Twin Falls, Idaho.

15. Filed Apr. 17 1912 Mae Houghelin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20 1912, to Apr. 16 1912, that I last saw her alive on Apr. 16 1912 and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Cachexia following uterine Carcinoma

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) Carcinoma of uterus

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) John F. Coughlin M. D.

4-17 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. 1 mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? Jarbidge Nevada.

Former or usual residence Twin Falls.

19. PLACE OF BURIAL OR REMOVAL: 1

DATE OF BURIAL 1912

20. UNDERTAKER: C. J. Crosby

ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 201
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "
Registration District No. 23
Primary Registration District No. 2085
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Hunter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April 17 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 7hrs ds.
IF LESS than 1 day how many ..... hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: W. E. Hunter

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Mary Lowther

13. BIRTHPLACE OF MOTHER (State or Country): W. Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Hunter
(Address) Twin Falls

15.
Filed Apr. 17 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 17 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl. 16 1912, to Apl. 17 1912 that I last saw h— alive on Apl. 16 1912 and that death occurred on the date stated above, at 2 a. M.

The CAUSE OF DEATH* was as follows:
Premature birth (7 mos)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Wilson M. D.
April 17 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida — DATE OF BURIAL: April 17 1912

20. UNDERTAKER: J. J. Grossman — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 201
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary M. Terrill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September 7 (Month) (Day) 1887 (Year)

7. AGE: 24 yrs. 7 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Chas. F. Wallace

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Carolee Henderson

13. BIRTHPLACE OF MOTHER (State or Country): California

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Borden
(Address): Twin Falls Ida

15. Filed Apr. 26 1912
John L. Coughlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24 1912, to April 25 1912
that I last saw her alive on April 25 1912
and that death occurred on the date stated above, at 10:30 a M.

The CAUSE OF DEATH* was as follows:

Ether Asphyxia

(Duration) 2 hrs ~~yrs.~~ ~~mos.~~ ~~ds.~~

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos Boyd M. D.
April 26 1912 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 2 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Burtaugh Ida

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: April 27 1912

20. UNDERTAKER: J. J. Grossman
ADDRESS: Twin Falls,

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085.
File No. 2017
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Flora McGrew

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 28 (Day) 1907 (Year)

7. AGE: 8 yrs. 4 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: John T. McGrew

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Alpha Brickey

13. BIRTHPLACE OF MOTHER (State or Country): Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. McGrew
(Address) Twin Falls

15.
Filed Apr 30 1912
John T. Coughlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1912, to April 9 1912, that I last saw her alive on April 9 1912 and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(Duration) Indefinite yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. Wilson M. D.
April 29 1912 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls. DATE OF BURIAL: April 30 1912

20. UNDERTAKER: J. J. Grossman ADDRESS: Twin Falls Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2018
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Hansen (No. , St.)
Registration District No. 23
Primary Registration District No. 2083
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Rex Melton Hubbard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Feb 7 (Month) (Day) 1906 (Year)

7. AGE: 1 yrs. 1 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Long Hill

10. NAME OF FATHER: W E Hubbard

11. BIRTHPLACE OF FATHER (State or Country): Mich

12. MAIDEN NAME OF MOTHER: Sophie Heidenreich

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Hubbard
(Address) Hansen Ida

15. Filed Apr. 3 1912 John F. Engelking Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from after death 191..., to Apr 1 1912
~~that I last saw h alive on~~ 191...
and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Mucus Colitis,

(Duration) ... yrs. 6 mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Jos Boyd M. D.
19... (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Twin Falls. DATE OF BURIAL: 4/3 1912

20. UNDERTAKER: C Jewsby ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2019

Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Hansen (No. ....., ...St.)

Registration District No. 23
Primary Registration District No. 2083

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ross D. Towne

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug. 25 (Month) (Day) 1911 (Year)

7. AGE: ..... yrs. 8 mos. 0 ds.
IF LESS than 1 day how many .....hrs. or .....min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Arthur L Towne

11. BIRTHPLACE OF FATHER (State or Country): South Dakota

12. MAIDEN NAME OF MOTHER: Blandie Embanks

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. L. Towne
(Address) Hansen

15.
Filed Apr. 27 1912 — John L Boydston, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1912, to April 26 1912
that I last saw h~~im~~ alive on April 26 1912
and that death occurred on the date stated above, at 7 3/4 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Morgan M. D.
April 27 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida — DATE OF BURIAL: April 28 1912

20. UNDERTAKER: F. J. Grossman — ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2021
Registered No.

1. PLACE OF DEATH. Registration District No. 23
County of Twin Falls Primary Registration District No. 2088
City of Shoshone Basin (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME May Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 23 (Day) 1880 (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Benjamin Brackenberry

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo A Jones
(Address) Shoshone Basin

15. Filed Apr 30 1912 Joel F Engelkin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24th 1912, to Apr. 28th 1912 that I last saw her alive on April 28th 1912 and that death occurred on the date stated above, at 5½ P.M.

The CAUSE OF DEATH* was as follows:
Puerperal eclampsia
Coma five minutes before death.

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W F Engelkin M. D.
May 1st 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone Basin — DATE OF BURIAL: May 1912

20. UNDERTAKER: P J Grossman — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2086
File No. 2022
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Filer (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Died unnamed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 21 (Day) 1912 (Year)

7. AGE: ✓ yrs. ✓ mos. ✓ ds.
IF LESS than 1 day how many 2 hrs. or 30 mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business, or dstablishment in which employed (or employer): ✓

9. BIRTHPLACE (State or Country): Filer Idaho
10. NAME OF FATHER: John H. Smith
11. BIRTHPLACE OF FATHER (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Lura Misel
13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. L. Armes
(Address) Filer Idaho

15.
Filed Apr. 22 1912 John Stonyfield
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ at birth 1912 to Apr 21 1912
that I last saw h~~im~~ alive on Apr. 21 1912
and that death occurred on the date stated above, at 1 P.M.
The CAUSE OF DEATH* was as follows:
Premature birth 7 mo. abort
(Duration) ✓ yrs. ✓ mos. ds.
Contributory (Secondary) ✓
(Duration) ✓ yrs. mos. ds.
(Signed) P. L. Armes M. D.
Apr 21 1912 (Address) Filer Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...days. In the State ...yrs...mos...days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Filer — DATE OF BURIAL: Apr. 22 1912
20. UNDERTAKER: — ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 202
Registered No. 34

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. 217, S. 11 Main St.)
Registration District No. 19
Primary Registration District No. 1002
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eric Smyth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: Sept 6 1910 (Month) (Day) (Year)
7. AGE: 1 yrs. 6 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Pocatello
10. NAME OF FATHER: Eric Smyth
11. BIRTHPLACE OF FATHER (State or Country): Sweden.
12. MAIDEN NAME OF MOTHER: Maria Nelson
13. BIRTHPLACE OF MOTHER (State or Country): Sweden.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eric Smyth
(Address) Pocatello Idaho
15.
Filed 4-5 1912 Earl Dyer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 4 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 13th 1912, to April 4th 1912
that I last saw him alive on April 4th 1912
and that death occurred on the date stated above, at 7:30 M.
The CAUSE OF DEATH* was as follows:
Nephritis acute
(Duration) yrs. mos. 14 ds.
Contributory (Secondary) Pneumonia
(Duration) yrs. mos. 7 ds.
(Signed) H. Smith Wadsley M. D.
April 5 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery DATE OF BURIAL: April 7 1912
20. UNDERTAKER: W. P. Walker ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2026
Registered No. 36

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. 440, E. Main St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Josephine Hyde

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: June (Month) 15 (Day) 1875 (Year)

7. AGE: 37 yrs. 4 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Georgia

10. NAME OF FATHER: Joshua T Bennett

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Nancy Lockridge

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John G Hyde
(Address) Downey Ida

15. Filed 4-16 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH, April 16th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to April 16 1912
that I last saw h[illegible] alive on April 15 1912
and that death occurred on the date stated above, at 4a. M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) not known yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) H Smith Bradley M. D.
April 16 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey Ida. DATE OF BURIAL: April 18 1912

20. UNDERTAKER: W. D. Walker ADDRESS: Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 202
Registered No. 37

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002.
(No. 355, N. 15 St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Francis Maude Myers.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Oct (Month) 28 (Day) 1911 (Year)
7. AGE: yrs. 5 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Salt Lake.
10. NAME OF FATHER: Jacob L. Myers.
11. BIRTHPLACE OF FATHER (State or Country): New York.
12. MAIDEN NAME OF MOTHER: Minnie Berner.
13. BIRTHPLACE OF MOTHER (State or Country): Illinois
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jacob L. Myers.
(Address) Pocatello Ida
15.
Filed 4-19 1912 Earl L. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 18th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Apr 14th 1912, to Apr 18th 1912
that I last saw her alive on Apr 18th 1912
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Pleuro Pneumonia
(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. A. Cassels M. D.
Apr 19th 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery — DATE OF BURIAL: April 20 1912
20. UNDERTAKER: D. M. Mallard — ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 202
Registered No. 38

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marion H. Lavelle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word.): Single

6. DATE OF BIRTH: April (Month) 23 (Day) 1912 (Year)

7. AGE: ——yrs. ——mos. 2 ds.
IF LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country): Pocatello, Ida

10. NAME OF FATHER: Chas. J. Lavelle

11. BIRTHPLACE OF FATHER (State or Country): Schuylkill, Penn

12. MAIDEN NAME OF MOTHER: Marion E. Halloway

13. BIRTHPLACE OF MOTHER (State or Country): Kearney, Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Pocatello, Ida.

15.
Filed 4-26 1912 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 23 1912, to Apr 25 1912 that I last saw her alive on Apr 25 1912 and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Gastritis

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. T. Keely M. D.
4-26 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida. DATE OF BURIAL: April 27 1912

20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2029
Registered No. 39

1. PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. 928 N. Main St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Arthur Ambrose Davis
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Aug. (Month) 14 (Day) 1911 (Year)
7. AGE: ___ yrs. 9 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Pocatello Idaho
10. NAME OF FATHER: A. B. David
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: May Clark
13. BIRTHPLACE OF MOTHER (State or Country): Iowa
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. B. Davis
(Address) 928 N. Main St
15.
Filed 4/27 1912
Earl D. Jones Per Q. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 26 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1912, to Apr 26 1912
that I last saw him alive on Apr 26 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Diphtheria
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. B. Davis M. D.
4-26 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery — DATE OF BURIAL: April 29 1912
20. UNDERTAKER: W. D. Parker — ADDRESS: Pocatello Idaho

W R Defs.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2030
Registered No. 40

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joe Philips

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

6. DATE OF BIRTH: April (Month) 29 (Day) 1820 (Year)

7. AGE: 92 yrs. — mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Coal Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jane Smith
(Address) Pocatello, Ida

15. Filed 4/26 1917 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. 26 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20 1917 to Apr. 26 1917 that I last saw h— alive on Apr 25 1917 and that death occurred on the date stated above, at — M.
The CAUSE OF DEATH* was as follows: Old Philips

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
Apr. 26 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida — DATE OF BURIAL: April 27 1917

20. UNDERTAKER: P. C. Silver — ADDRESS: Pocatello, Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2031
Registered No. 41

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. Gen. Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Edith Stuart
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May (Month) 1 (Day) 1901 (Year)
7. AGE: 11 yrs. mos. ds. IF LESS than 1 day how many hrs. or min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Georgetown Idaho
10. NAME OF FATHER: Abd. Stuart
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Emma Irene Matley
13. BIRTHPLACE OF MOTHER (State or Country): Colville Wash
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Abd. Stuart
(Address) Georgetown Idaho
15.
Filed 4—29 1912 Earl D Jones Clerk Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 29 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to April 29 1912
that I last saw her alive on April 29 1912
and that death occurred on the date stated above, at 5 15 M.
The CAUSE OF DEATH* was as follows:
Acute Peritonitis
(Duration) yrs. mos. 9 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) A Smith Wasem M. D.
April 30 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos. 9 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Georgetown Idaho DATE OF BURIAL: May 1st 1912
20. UNDERTAKER: W. W. Baker ADDRESS: Pocatello

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2008
File No. 2032
Registered No. 17

1. PLACE OF DEATH.
County of Canyon
City of Payette
(No. ..... , ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louise Bower Gardner
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Dec (Month) 30 (Day) 1826 (Year)

7. AGE: 85 yrs. 3 mos. 2 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Daniel Bower

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marian G. Blakenley
(Address) Payette Ida

15.
Filed April 3 1912. J. C. Woodward
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1912, to Mar. 31 1912, that I last saw her alive on Mar 31 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage

(Duration) ..... yrs. 1 mos. 4 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Avery M. D.
4/2 1912, (Address) Payette, Idaho,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Payette Ida. DATE OF BURIAL: Apr. 3 1912

20. UNDERTAKER: E. A. Adair ADDRESS: Payette Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2033
Registered No. 18

1. PLACE OF DEATH. Registration District No. 22
County of CANYON COUNTY Primary Registration District No. 2008
City of PAYETTE IDAHO (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr. (Month) 4 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many 6 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Bert G. Forbes

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Eva Cole

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. H. Avery
(Address) Payette Ida.

15. Filed April 4 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4 1912, to Apr. 4 1912 that I last saw her alive on Apr 4 1912 and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:
Trauma incident to instrumental delivery.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Avery M. D.
..... 19 ..... (Address) Payette, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Payette Ida. DATE OF BURIAL: April 4 1912

20. UNDERTAKER: W. W. Conover ADDRESS: Payette Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BIN... 149

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Canyon

City of Payette

Registration District No. 22

Primary Registration District No. 2008

(No. ....., ... St.)

File No. 2034

Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Everette C Garrett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Aug (Month) 7 (Day) 1881 (Year)

7. AGE

20 yrs. 8 mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Farmer

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Colorado

10. NAME OF FATHER Arthur H. Garrett

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Emma E Smith

13. BIRTHPLACE OF MOTHER (State or Country) Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellsworth T Garrett

(Address) Payette

15.

Filed April 16 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

April (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Probably due to Appendicitis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory .....

(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Crouch M. D.

4-16 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: Apr 17 1912

20. UNDERTAKER: J. R. Adair — ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 197

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Payette
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008
(No. 2, St.)

File No. 2035
Registered No. 20
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George L Avery

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 12 (Month) 1830 (Day) (Year)

7. AGE: 82 yrs. 1 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maryland

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. H. Avery
(Address) Payette Ida

15.
Filed April [redacted], 1912. J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to April 19 1912, that I last saw him alive on April 18 1912, and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Senility Erysipelas

(Duration) — yrs. — mos. 6 ds.

Contributory (Secondary)
(Duration) — yrs. mos. ds.

(Signed) J. E. Crouch M. D.
April 20 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: 4-21 1912

20. UNDERTAKER: Hadain — ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Payette
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008.
(No. ....., ... St.)

File No. 2036.
Registered No. 21.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Genie E Browning

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Aug (Month) 15 (Day) 1883 (Year)

7. AGE: 28 yrs. 8 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: Chas Minerd

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Alvina Grande

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Browning
(Address) Payette

15. Filed May 6 1912. J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1911, to May 5 1912, that I last saw her alive on May 5 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Avery M. D.
5/6 1912 (Address) Payette, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Payette Ida | DATE OF BURIAL: May 7 1912

20. UNDERTAKER: H Adair | ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2038
Registered No. 13

1. PLACE OF DEATH.
County of Custer
City of Challis. (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2061

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Paul Hosford Tunison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH: April 4th. (Month) (Day) 1912. (Year)

7. AGE: ..... yrs. ..... mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Challis

10. NAME OF FATHER Earl K. [illegible]n

11. BIRTHPLACE OF FATHER (State or Country) Mich.

12. MAIDEN NAME OF MOTHER Naomi Hosford

13. BIRTHPLACE OF MOTHER (State or Country) Ida.

14. THE ABOVE IS TRUE TO THE BEST OF [illegible]
(Informant) E. R. Tunison
(Address) Clayton-Idah[illegible]

15.
Filed April 13th 1912 C. L. Kirtley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3:30 pm 4/12 1912, to 10:10 pm 4/12 1912 that I last saw h[illegible] alive on 4/12 1912 and that death occurred on the date stated above, at 10:10 P.M.

The CAUSE OF DEATH* was as follows:
Convulsions resulting from brain injury received during forceps delivery. Convulsions six hours
(Duration) ..... yrs. Six mos hours ds.
Contributory (Secondary) Brain injury dated from time of delivery.
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. L. Kirtley M. D.
4/13 1912 (Address) Challis, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Clayton, Ida.	April 14 1912

20. UNDERTAKER: No undertaker — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2030
Registered No. 20

1. PLACE OF DEATH.
County of Bannock
City of Perry, Idah
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wallus Glenn Gray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Boy	White	Infant

6. DATE OF BIRTH: March (Month) 28 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Perry, Bannock Co, Ida.

10. NAME OF FATHER Clark Gray

11. BIRTHPLACE OF FATHER (State or Country) Weston Utah

12. MAIDEN NAME OF MOTHER Lila May Campbell

13. BIRTHPLACE OF MOTHER (State or Country) Montpelier Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Lundgreen
(Address) Treasureton, Ida

15.
Filed April 16 1912 Ellis Hardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1912, to March 28 1912 that I last saw him alive on March 28 1912 and that death occurred on the date stated above, at 1:10 P.M.

The CAUSE OF DEATH* was as follows:
Prinature birth only a 8 month child

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary Lundgreen M.D.
April 16 1912 (Address) Treasureton, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Perry Bannock Co Ida — DATE OF BURIAL: March 30 1912

20. UNDERTAKER: B. F. Larsen — ADDRESS: Cleveland Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Bancroft
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2048

File No. 2041
Registered No. 128
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Cornelison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH: Mar (Month) 29 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many 12 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Forrest Cornelison

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Etta Vancommon

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Forest Cornelison
(Address) Bancroft Ida

15. Filed May 20 1912 Ellis Kaney Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 29 1912, to Mar 29 1912 that I last saw h[illegible] alive on Mar 29 1912, and that death occurred on the date stated above, at 5a M.

The CAUSE OF DEATH* was as follows:
Asthenia
.....
.....
(Duration) ..... yrs. ..... mos. 12 hrs. ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. 2 mos. ..... ds.
(Signed) Russell J Smith M. D.
Apr 2 1912 (Address) Bancroft

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bancroft, Ida. DATE OF BURIAL: May 31, 1912

20. UNDERTAKER: Jones & Jefferson ADDRESS: Bancroft Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 18672

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 11

County of Bannock

Primary Registration District No. 2046

File No. 2041

City of Downey (No. ....., ... St.)

Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John J. Ware

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	W	Married

6. DATE OF BIRTH: December 8th (Month) 1877 (Year)

7. AGE: 35 yrs. 5 mos. 24 ds. (IF LESS than 1 day how many ..... *hrs.* or ..... *min.*)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Woodruff, Idaho

10. NAME OF FATHER: John E. Ware

11. BIRTHPLACE OF FATHER (State or Country): Kaysville, Utah

12. MAIDEN NAME OF MOTHER: Lucy Barnes

13. BIRTHPLACE OF MOTHER (State or Country): Kaysville, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C.E.Layton

(Address) Downey, Idaho.

15. Filed May 19, 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to ..... 191..., that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at 9.30P M.

The CAUSE OF DEATH* was as follows:

Accidental, thrown from buggy

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Concussion of brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.C. Beaumont M. D.

May 5 1912 (Address) Downey, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cambridge Cemetery	May5 1912

20. UNDERTAKER	ADDRESS
Chris Layton	Downey, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2042
Registered No. 26

1. PLACE OF DEATH.
County of Bannock
City of Oford
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

If death occurred in a hospital, stitution or camp give its instead of street and num

2. FULL NAME Hannah Cochran.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married.

6. DATE OF BIRTH: Sept. (Month) 11 (Day) 1837 (Year)

7. AGE: 74 yrs. 6 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: John Atkins

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Elizebth Vale-

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C Carrington
(Address) Oford Idaho

15. Filed May 10 1912 Ethel Carney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 5 (Month) (Day) 19(Y)

17. I HEREBY CERTIFY, That I attended deceased from April 8 1912, to April 5 19
that I last saw her alive on April 3 19
and that death occurred on the date stated above, at 1:45

The CAUSE OF DEATH* was as follows:
Heart-failure - Valvula insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) 3 yrs. - mos. - ds.

(Signed) Allen L Eyster M. D.
April 10 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 40 yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oford — DATE OF BURIAL: Apr. 7 1912

20. UNDERTAKER: Downey — ADDRESS: Downey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2043
Registered No. 25

1. PLACE OF DEATH.
County of Bannock
City of Gifford
Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edith Gray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Died
6. DATE OF BIRTH: Mar. (Month) 3d (Day) 1907 (Year)
7. AGE: 4 yrs. 1 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Lewis J Gray Jr
11. BIRTHPLACE OF FATHER (State or Country): Richmond Utah
12. MAIDEN NAME OF MOTHER: Edith Chella Ha
13. BIRTHPLACE OF MOTHER (State or Country): Ogden Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOW
(Informant) Lewis J Petty
(Address) Lundon Idaho
15.
Filed May 10 1912 Ellis Ca
Local Reg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar. 7 1912., to Apr. 27 1912
that I last saw h alive on 4/13 1912
and that death occurred on the date stated above, at 10 a.M.
The CAUSE OF DEATH* was as follows:
Probably tuberculous Meningitis
..... (Duration) ..... yrs. 7 mos. ~ ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Allen R Crabb M. D.
April 30 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gifford Idaho DATE OF BURIAL: May 29 1912
20. UNDERTAKER: P J Hansen ADDRESS: Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 11

Primary Registration District No. 2047

File No. 2045

Registered No. 22

County of Bannock

City of Mc Cammon Ida.

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME. Joseph Sant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

August 23rd 1912
(Month) (Day) (Year)

7. AGE

yrs. 7 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Preston

10. NAME OF FATHER Joseph Sant

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Millie Sant

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E H Cooper - M D

(Address) Mc Cammon Ida

15. April 28, 1912

Filed April 29, 1912 Ellis Kenney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

March (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1912, to March 30th 1912, that I last saw him alive on march 30th 1912, and that death occurred on the date stated above, at 7a M.

The CAUSE OF DEATH* was as follows:

Bronco-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) acute dilitation of heart

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E H Cooper M.D. M. D.

April 1912 (Address) Mc Cammon Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mc Cammon	April 1 1912

20. UNDERTAKER	ADDRESS
B P Kenney	Mc Cammon

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy", "Collapse," "Coma," "Convulsions," "Debility, ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

N # 6

Form V. S. No. 5

BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2046
Registered No. 21

1. PLACE OF DEATH
County of Bannock
City of McCammon
Registration Distri...
Primary Registrati... ict No. 2047
(No. ... Hotel ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ... Peacock

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: ✓ (Month) ✓ (Day) 186? (Year)

7. AGE: 50 yrs. ✓ mos. ✓ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: J. H. Peacock Sr.

11. BIRTHPLACE OF FATHER (State or Country): ✓ Dent Knox

12. MAIDEN NAME OF MOTHER: ✓ Dent Knox

13. BIRTHPLACE OF MOTHER (State or Country): Dent Knox.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. A. Vance
(Address) McCammon

15.
Filed April 1, 191?
Ellis Knox
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 15 (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 191?, to April 191?
that I last saw h... alive on April 15, 191?
and that death occurred on the date stated above, at 2.0 M.

The CAUSE OF DEATH* was as follows:
Valvular disease of heart.
Alcoholism.

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Cooper M. D.
4/4/ 19 17 (Address) McCammon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McCammon
DATE OF BURIAL: April 191?

20. UNDERTAKER: D. V. Walker
ADDRESS: Pocatello Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 204
Registered No. 24

1. PLACE OF DEATH.
County of Bannock
City of Mark
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2047
(No. ....., ... St.)

2. FULL NAME James Foust

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: January (Month) 16 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ★ hrs. or 30 min.? E.K

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mark, Idaho

10. NAME OF FATHER: James Foust

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Malinda Bean

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma B. Jensen
(Address) Mark, Idaho

15.
Filed April 29 1912 Ellis Kanley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 16, 1912, to January 16, 1912, that I last saw him alive on January 16, 1912, and that death occurred on the date stated above, at 12:30 M.

The CAUSE OF DEATH* was as follows:
Congenital Organic Heart Disease
30 min.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): None
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Emma B. Jensen M. D.
April 25 1912 (Address) Mark, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mark, Idaho — DATE OF BURIAL: January 17, 1912

20. UNDERTAKER: B. F. Denney — ADDRESS: Mark Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2048
Registered No. 52

1. PLACE OF DEATH
County of Fremont
City of Rudy
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2040

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth E. Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. 17 (Month) (Day) 1822 (Year)

7. AGE: 89 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Eng.

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Parks
(Address) Rudy

15. Filed Apr. 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mch. 15 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 5 1912, to Mch 15 1912 that I last saw h[illegible] alive on Mch 5 1912 and that death occurred on the date stated above, at 10P. M.

The CAUSE OF DEATH* was as follows:

Senility. The woman was almost 90 yrs 2 age. Myocarditis was probably the terminal condition.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Fisher M. D.
Mch 16 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City
DATE OF BURIAL: Mch 18 1912

20. UNDERTAKER: Wray M. Peck
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 205
Registered No. 61

1. PLACE OF DEATH.
County of Fremont
City of Menan (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040

2. FULL NAME Scott Casper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Oct (Month) 9 (Day) 1841 (Year)

7. AGE: 70 yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Thomas Casper

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Rachel Allison

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Shuppen
(Address) Menan Idaho

15. Filed May 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 7 1912 to Mch 23 1912 that I last saw h alive on Mch 21 1912 and that death occurred on the date stated above, at 4:30 A M.

The CAUSE OF DEATH* was as follows:
Myocarditis
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Chronic Interstitial Nephritis
(Duration) ..... yrs. 5 mos. ..... ds.
(Signed) J. E. Melton M. D.
Mch 24 1912 (Address) Menan Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Menan Cemetary
DATE OF BURIAL: Mar 24 1912

20. UNDERTAKER: Wray Peck
ADDRESS: Rigby Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2051

Registered No. 57

1. PLACE OF DEATH.
County of Fremont
City of Grant
(No. ....., ... St.)

Registration District No. 9

Primary Registration District No. 2 Yes

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jacob Alma Moser

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Babe

6. DATE OF BIRTH: Apr. 8 (Month) (Day) 1 9 (Year)

7. AGE: ..... yrs. ..... mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) ..... Babe.

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Francis Moser.

11. BIRTHPLACE OF FATHER (State or Country): Switzerland.

12. MAIDEN NAME OF MOTHER: Elizabeth Stuki

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis Moser.
(Address) Grant - Idaho.

15. Filed May 10 1917 Ray H. Kirk, M.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. 20 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...;
and that death occurred on the date stated above, at .....

The CAUSE OF DEATH* was as follows:
Probably Pneumonia Uremic
physician called. Baby took sick Apr. 20th at 10 am. with heavy colds and died at 11:50 p.m. Apr. 20th
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Kirk M. D.
Apr. 27 1917 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grant Idaho. DATE OF BURIAL: Apr. 22 1917

20. UNDERTAKER: Friends. ADDRESS: Grant. Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2052

Registered No. 60

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Marie G. Gollinger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Mar. 21 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 28 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Rexburg

10. NAME OF FATHER Albert Gollinger Jr.

11. BIRTHPLACE OF FATHER (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Marie Graff

13. BIRTHPLACE OF MOTHER (State or Country) Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Gollinger
(Address) Rexburg

15. Filed 4-18 1912 G. G. Espe
Local Registrar
for Ray H. Erickson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidental smothering while mother was in bed asleep with infant

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Hyde M. D.
Apr. 18 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 4-19 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2054

Registered No. 58

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

2. FULL NAME John W. Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 26 (Day) 1886 (Year)

7. AGE: 25 yrs. 8 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: Silas W. Smith

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Betsy W. Williams

13. BIRTHPLACE OF MOTHER (State or Country): Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Betsy W. Smith
(Address) Rexburg

15.
Filed 4-25 1912 G. G. Esplin
Local Registrar
for Roy S. Fisher, Mgr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Apr. 24 1912,
and that death occurred on the date stated above, at 11 P. M.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. W. Walker M. D.
4-25 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 4-27 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2037

File No. 205
Registered No. 62

1. PLACE OF DEATH.
County of Fremont
City of Driggs
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Amy Harris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept. 17 (Month) (Day) 1896 (Year)

7. AGE: 15 yrs. 6 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Jos. G. Harris

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Francetta Coleman

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos. G. Harris
(Address) Cache Idaho

15.
Filed Apr. 9 1912 M. P. Crisler
Local Registrar
for Ray Fisher M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. 9 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 6 1912, to Apr. 6 1912
that I last saw her alive on Apr. 9 1912,
and that death occurred on the date stated above, at 2-20 P. M.

The CAUSE OF DEATH* was as follows:
Appendicitis
(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. P. Crisler M. D.
Apr. 9 1912 (Address) Driggs Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Marysville, Ida. | DATE OF BURIAL: Apr. 11 1912

20. UNDERTAKER: Jas. F. Griggs | ADDRESS: Driggs Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2051
Registered No. 16

1. PLACE OF DEATH
County of Oneida Registration District No. 18
City of Ammon Falls (No. ....., ... St.) Primary Registration District No. 2072

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Ann Bell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: Oct (Month) 17 (Day) 1834 (Year)

7. AGE: 77 yrs. 2 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None. Stayed with daughter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Isaac Crumbly

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Brown

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Graber
(Address) Ammon Falls

15. Filed Jan 11th 1912 Richard T. Wood Asst Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Old Person of the case
Cut was fatal on
attendance. Paralysis
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard T. Wood M. D.
Jan 11th 1912 (Address) Richard T. Wood Ammon Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ammon Falls
DATE OF BURIAL: Jan 12th 1912

20. UNDERTAKER: Chas Allcott
ADDRESS: Salt Lake City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17143

May 6th 1912 D C Rader Registrar

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 205
Registered No. 27

1. PLACE OF DEATH. Registration District No. 14
County of Oneida Primary Registration District No. 7077
City of American Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Peter P. Goertzen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colibi
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept. 5 (Month) (Day) 1866 (Year)

7. AGE: 45 yrs. 6 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer & homesteader
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Crimea, Russia

10. NAME OF FATHER: Peter Goertzen

11. BIRTHPLACE OF FATHER (State or Country): Crimea, Russia

12. MAIDEN NAME OF MOTHER: Susanna Fast

13. BIRTHPLACE OF MOTHER (State or Country): Crimea, Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cornelius Goertzen
(Address) Aberdeen Idaho

15.
Filed March 31 1912 Richard F. Noth Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1912 to March 3rd 1912 that I last saw h um alive on March 3rd 1912 and that death occurred on the date stated above, at about 4 P.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease, which he had when first met him in the spring of 1908.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Total compensation
..... (Duration) 2 yrs. 6 mos. ..... ds.

(Signed) Richard F. Noth M. D.
March 30 1912 (Address) American Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls
DATE OF BURIAL: 3/31 1912

20. UNDERTAKER: H. R. Hagar
ADDRESS: American Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

May 6 1912 N. Mayor Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 205

Registered No. 4426

1. PLACE OF DEATH.
County of Oneida
City of Preston (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wellon Fellows

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March 27, 1912 (Month) 3 (Day) 27 (Year) 1912

7. AGE: — yrs. — mos. 4 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Preston Idaho

10. NAME OF FATHER: W E Fellows

11. BIRTHPLACE OF FATHER (State or Country): Franklin Idaho

12. MAIDEN NAME OF MOTHER: Maggie Rogers

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin Elkhorn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm O Fellows
(Address) Preston Idaho

15. Filed Apr 2 1912 G L Emmett Local Registrar
D Ray

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 27, 1912 (Month) 3 (Day) 27 (Year) 1912

17. I HEREBY CERTIFY, That I attended deceased from March 27 1912, to March 30 1912, that I last saw her alive on March 30 1912 and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Meningitis —

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D H Caldwell M. D.
March 30 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho — DATE OF BURIAL: Apr 1 1912

20. UNDERTAKER: O J Hansen — ADDRESS: Preston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2059
Registered No. 29

1. PLACE OF DEATH.
County of Oneida
City of Weston.

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Evyline Goodsell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: Dec 8 1911 (Month) (Day) (Year)

7. AGE: ..... yrs. 3 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Weston. Idaho

10. NAME OF FATHER: Joseph F Goodsell

11. BIRTHPLACE OF FATHER (State or Country): Newton. Utah

12. MAIDEN NAME OF MOTHER: Olive E Hoopes

13. BIRTHPLACE OF MOTHER (State or Country): Weston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph F Goodsell
(Address) Weston Idaho

15. Filed Apr 5 1912 W. E. Emery. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 3 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1912 to ..... 191..
that I last saw her alive on Apr 1 1912
and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Acute gastro enteritis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. E. Emery M. D.
Apr 4 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weston Idaho
DATE OF BURIAL: Apr 5 1912

20. UNDERTAKER: P. J. Hansen
ADDRESS: Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO. PRINTERS & BINDERS-BOISE 17143

May 8 1912 D Rutter Reg

(over)

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2067
Registered No. 20

1. PLACE OF DEATH.
County of Oneida
City of Preston

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Wayman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH: 4 (Month) 14 (Day) 1833 (Year)

7. AGE: 79 yrs. ..... mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Emanuel

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. W. Hansen
(Address) Preston Idaho

15.
Filed Apr 6 1912 — G. E. Emery, Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 2 (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1910, to Apr 1912, that I last saw him alive on Mar 20 1912 and that death occurred on the date stated above, at 9 a M.

The CAUSE OF DEATH* was as follows:
Cardiac Dropsy

(Duration) 2 yrs. 3 mos. 2 ds.

Contributory (Secondary) ..... (Duration) — yrs. — mos. — ds.

(Signed) A. O. Campbell M. D.
Apr 3 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho — DATE OF BURIAL: Apr 4 1912

20. UNDERTAKER: P. Hansen — ADDRESS: Preston Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

May 8 1912 D. Rafter Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2061
Registered No. 81

1. PLACE OF DEATH
County of Oneida
City of Preston

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph O Packer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 2 (Month) 7 (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 19 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Preston Idaho
10. NAME OF FATHER: O. L Packer
11. BIRTHPLACE OF FATHER (State or Country): Franklin Idaho
12. MAIDEN NAME OF MOTHER: Ann S. Carlson
13. BIRTHPLACE OF MOTHER (State or Country): Franklin Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O L Packer
(Address) Preston

15. Filed Apr 26 1912 — G O Cuney, Sub Local Registrar
D Stafford Reg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/23 1912, to 4/26 1912
that I last saw him alive on 4/23 1912
and that death occurred on the date stated above, at 10:30 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. — mos. 3 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
Apr 26 1912 (Address) Preston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Ida
DATE OF BURIAL: Apr 26 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

May 8 1912

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Preston

Registration District No. 8
Primary Registration District No. 2119
(No. ....., ... St.)

File No. 2062
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Island Russel Hansen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 7 (Month) 23 (Day) 1904 (Year)

7. AGE: 7 yrs. 9 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: x
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Preston Idaho

10. NAME OF FATHER: Hans Peter Hansen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Inger Thompson

13. BIRTHPLACE OF MOTHER (State or Country): Preston Idaho ~~Inger Thompson~~

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Reynold Hansen
(Address) Preston Idaho

15. Filed Apr 13 1912
G. C. Green
Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1912, to April 11 1912
that I last saw him alive on April 11 1912
and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) — yrs. — mos. one ds.
Contributory (Secondary) Measles

(Duration) ..... yrs. ..... mos. two ds.

(Signed) Allen R Eveleth M. D.
April 12 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho
DATE OF BURIAL: Apr 14 1912

20. UNDERTAKER: W J Hansen
ADDRESS: Preston Ida

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17143

May 8 1912 D C Lafoe Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2063
Registered No. 33

1. PLACE OF DEATH.
County of Bonneville
City of Preston (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2169

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Loral R Jenson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: 8 (Month) 11 (Day) 1911 (Year)
7. AGE: ..... yrs. 5 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country) Preston Idaho
10. NAME OF FATHER Name Richard Jenson
11. BIRTHPLACE OF FATHER (State or Country) Preston Ido
12. MAIDEN NAME OF MOTHER Monson
13. BIRTHPLACE OF MOTHER (State or Country) Illinois
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lovina Monson
(Address) Preston Ida
15. Filed Apr 30 1912 G E Carey City Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH April 24th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Apr 21st 1912, to Apr 24 1912
that I last saw h~~is~~ alive on Apr 24 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Branchs Pneumonia
..... (Duration) ..... yrs One mos. ~~One~~ ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G Taggart Parkinson M. D.
Apr 25 1912 (Address) Prestonida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 8 mos. ..... ds. In the State of Ida yrs. 8 mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Preston Ida

19. PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
Preston Ido 4/27 1912

20. UNDERTAKER / ADDRESS
D J Hansen Preston Ido

May 8 1912 D Rapp or Reg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Primary Registration District No. 2069
City of Malad (No. ....., ... St.)
File No. 2064
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Hike

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. 1st (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boy none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Oneida. Ida.

10. NAME OF FATHER: Will Hike.

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Martha Jones.

13. BIRTHPLACE OF MOTHER (State or Country): Onida Co Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Evans.
(Address) Malad Ida.

15. Filed Apr 15 1912 D. L. Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 30 1912, to April 15 1912
that I last saw h.im alive on April 15 1912
and that death occurred on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) —
..... (Duration) — yrs. — mos. — ds.
(Signed) J. M. Evans. M. D.
4/16 1912 (Address) Malad Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Johns Ida
DATE OF BURIAL: 4-17 1912

20. UNDERTAKER: D. L. Jones
ADDRESS:

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. County of Oneida City of Malad (No. , St.)

Registration District No. 18
Primary Registration District No. 2009

File No. 2065
Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alberta Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 24 (Day) 1902 (Year)
7. AGE: 9 yrs. 9 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Malad Idaho
10. NAME OF FATHER: David P. Jones
11. BIRTHPLACE OF FATHER (State or Country): Logan Utah
12. MAIDEN NAME OF MOTHER: Mary Thomas
13. BIRTHPLACE OF MOTHER (State or Country): Malad Idaho
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Burns
(Address) Malad Ida.
15. Filed Apr 26 1912 W. C. Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 26 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Apr 7 1912, to Apr 26 1912, that I last saw her alive on Apr 26 1912 and that death occurred on the date stated above, at 1300 M.

The CAUSE OF DEATH* was as follows:
Absorption from Burns

(Duration) ..... yrs. ..... mos. 20 ds.
Contributory Burns
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Burns, M. D.
4/27 1912 (Address) Malad Ida,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: Apr 28 1912

20. UNDERTAKER: D E Johnson — ADDRESS:

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2066
Registered No. 36

1. PLACE OF DEATH.
County of Oneida
City of Malad
(No. ——, ——— St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 2069

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Laurence Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 14th (Day) 1895 (Year)

7. AGE: 16 yrs. 11 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmers Son
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Weston Idaho

10. NAME OF FATHER: James Johnson

11. BIRTHPLACE OF FATHER (State or Country): Brigham Utah

12. MAIDEN NAME OF MOTHER: Mariza Marston ~~Jensen~~

13. BIRTHPLACE OF MOTHER (State or Country): Weston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Johnson
(Address) Malad Idaho

15. Filed 4/2 1912 — D. L. Ray, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4/1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1912, to April 1 1912, that I last saw him alive on March 31 1912 and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Injury

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Nevius, M. D.

4/1 1912 (Address) Malad

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: 4/3 1912

20. UNDERTAKER: L. E. Johnson — ADDRESS: Malad

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 206
Registered No. 39

1. PLACE OF DEATH.
County of Oneida
City of Weston
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elena Maren Nelsen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Sept 24th 1842 (Month) (Day) (Year)
7. AGE: 69 yrs. 3 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Denmark
10. NAME OF FATHER: Carl Jensen
11. BIRTHPLACE OF FATHER (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Ane Jensen
13. BIRTHPLACE OF MOTHER (State or Country): Denmark
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carl Nelson
(Address) Weston Ida.
15.
Filed 4-18 1917 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 5 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I ~~attended deceased from~~ did not attend deceased but received report from Adelaide Nelsen M.D. in attendance 191 to 191
that I last saw her alive on 191
and that death occurred on the date stated above, at 1 P.M.
The CAUSE OF DEATH* was as follows:
Senile Decay
Bed for 2 years
(Duration) — yrs. — mos. 6 ds.
Contributory (Secondary) Do not know except Rheumatism
(Duration) 20 yrs. — mos. — ds.
(Signed) A R Curtis M. D.
Jan 19 17. (Address) Weston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weston Ida. DATE OF BURIAL: Jan 7 1917
20. UNDERTAKER: J L Hansen ADDRESS: Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Malbork

Registration District No. 8
Primary Registration District No. 2069
(No. ....., ... St.)

File No. 206
Registered No. 38

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Bicknell.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M	W	M

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE about 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Shepherder
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER No history

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Apr 18 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Apr (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 18 1912, to Apr 18 1912
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
murdered by gun shot. — was called to [illegible] but was dead before arrival
Coroner's jury decided
(Duration) ..... yrs. few hours mos. ..... ds.
Contributory (Secondary) death due to gun shot
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J Ray M. D.
Apr 19 1912 (Address) Malad.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Malad City	Apr 21 1912
20. UNDERTAKER D E Johnson	ADDRESS Malad.

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2069
Registered No. 29

1. PLACE OF DEATH.
County of Oneida
City of Malbrook
(No. ....., ... St.)

Registration District No. 78
Primary Registration District No. 2069

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Caroline H Lyon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: June (Month) 29 (Day) 1839 (Year)
7. AGE: 72 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Holland
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas E W Neff
(Address) Malbrooke Idaho
15.
Filed May 2 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Physician
General debility
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
5/3 1912 (Address) Malad

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City Ut.
DATE OF BURIAL: ..... 191...
20. UNDERTAKER: D E Johnson
ADDRESS: Malad

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2079
Registered No. 12

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2091
City of Bloomington (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lydia Molisia Payne

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PEESONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov (Month) 1 (Day) 1856 (Year)

7. AGE: 55 yrs. 5 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Stephen Kelley

11. BIRTHPLACE OF FATHER (State or Country): Ills

12. MAIDEN NAME OF MOTHER: Lydia Snyder

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Saml Payne
(Address) Bloomington

15.
Filed Apr. 17 1912 J.H. Hayes
Local Re[gistrar]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1912, to Apr 14 1912
that I last saw her alive on Apr 14 1912
and that death occurred on the date stated above, at 5.35 A M.
The CAUSE OF DEATH* was as follows:
Apoplexy

..... (Duration) ..... yrs. ..... mos. 14 hrs ds.
Contributory (Secondary) none
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L.T.A. Gottendorf M. D.
Apr 14 1912 (Address) Bloomington Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bloomington Ida. DATE OF BURIAL: Apr 16 1912

20. UNDERTAKER: [illegible] ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

1912
1856
55

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2071
Registered No. 142

1. PLACE OF DEATH. Registration District No. 54
County of Bear Lake. Primary Registration District No. 2100
City of Pegram. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Raymond Jensen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr. 27th 1911 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Jens. P. Jensen.

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Anna Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Jensen
(Address) Border, Wyo.

15. Filed May 1 1912 J. M. Haymaker Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr. 27th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-27 1912, to 4-27 1912
that I last saw him alive on 4-27 1912
and that death occurred on the date stated above, at 5:30 A. M.

The CAUSE OF DEATH* was as follows:
Marasmus - Premature
born at about 6½ mos.
of Gestation
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. H. Alley M. D.
4-27 1912 (Address) Montpelier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pegram Ida. DATE OF BURIAL: 4-27 1912

20. UNDERTAKER: None ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2 2072
Registered No. 13

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2093
City of Paris (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Rich

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Aug. (Month) 6. (Day) 1829 (Year)

7. AGE: 82 yrs. ~~0~~ 8 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Morris Phelps

11. BIRTHPLACE OF FATHER (State or Country): W. S.

12. MAIDEN NAME OF MOTHER: Lana Clark

13. BIRTHPLACE OF MOTHER (State or Country): W. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm P Rich
(Address) Paris Ida

15. Filed Apr. 19 1912 J W Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1912, to Apr 16 1912
that I last saw h~~er~~ alive on Apr. 14 1912
and that death occurred on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:
No apparent cause
except old age & debility

..... (Duration) ~~2~~ yrs. 3 mos. 14 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J W Hayward M. D.
Apr. 19 1912 (Address) Paris, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paris Ida — DATE OF BURIAL: Apr 20 1912

20. UNDERTAKER: none — ADDRESS: none

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2073
Registered No. 9

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 4
County of Adams Primary Registration District No. 2011
City of Mild Rosse, (No. ....., ... St.)
Township
If death occurred away from usual residence, give facts called for under special information.

2. FULL NAME Major George W. Fitzimmons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July — 1836 (Month) (Day) (Year)

7. AGE: 76 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): State of Ohio

10. NAME OF FATHER: Fitzimmons given name unknown

11. BIRTHPLACE OF FATHER (State or Country): — 〃

12. MAIDEN NAME OF MOTHER: — 〃

13. BIRTHPLACE OF MOTHER (State or Country): — 〃

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martin Lowry
(Address) Brownlee, Oregon

15.
Filed 5-29 1912 Frank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April — 23 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 191 to 191
that I last saw h..... alive on 191
and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Dropped Dead

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Alcholism
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Smith, Coroner M. D.
April-24-1912 (Address) Council Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Weiser, Idaho. DATE OF BURIAL: 4/30 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2074

Registered No. 67

1. PLACE OF DEATH.
County of Adams
City of Mesa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 2011

2. FULL NAME Edward Kenneth Bouldin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 4 (Month) 23 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Mesa

10. NAME OF FATHER: Harry G. Bouldin

11. BIRTHPLACE OF FATHER (State or Country): No

12. MAIDEN NAME OF MOTHER: Beatrice Shard

13. BIRTHPLACE OF MOTHER (State or Country): Mich.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Beatrice Bouldin
(Address) Mesa

15. Filed 4-24 1912 Bank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from At Birth to ..... 191..., that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Indentity Cerebral Hemorrhage

(Duration) A few hours

Contributory (Secondary) Prem. delivery

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bank E Brown M. D.
4-28 1912 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mesa
DATE OF BURIAL: 4-29 1912

20. UNDERTAKER: Robt Young
ADDRESS: Council

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2075
Registered No.

Registration District No. 4
Primary Registration District No. 2011

1. PLACE OF DEATH.
County of Adams
City of Council
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cecil Arnold Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 5 (Day) 1911 (Year)

7. AGE: ..... yrs. 2 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Council

10. NAME OF FATHER: Frank Brown

11. BIRTHPLACE OF FATHER (State or Country): Ky.

12. MAIDEN NAME OF MOTHER: Lena Krontz

13. BIRTHPLACE OF MOTHER (State or Country): Wash.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Weaver
(Address) .....

15.
Filed 5-24 1912 Frank E Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-25 1912, to 2-3 1912, that I last saw h[illegible] alive on 2-3 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Septicemia
.....
.....
(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. R. Martin M. D.
2-29 1912 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Council
DATE OF BURIAL: 2-4 1912

20. UNDERTAKER: Rorr[illegible]
ADDRESS: Council

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Ida ho
BOARD OF HE/ ALTH
Bureau of Vital S tatistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 13, S. 15th St.)

File No. 207

Registered No. 137

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Premature Slater

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6. DATE OF BIRTH

April (Month) 28 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* 5 *mins.*

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or datablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) .....

10. NAME OF FATHER Bert A. Slater

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Frances Neely

13. BIRTHPLACE OF MOTHER (State or Country) Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bert A. Slater

(Address) 613 So 10th St

15. Filed 5/5 1912 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

April (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191, to ....., 191, that I last saw h..... alive on ....., 191, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ralph Hall M. D.

5/4 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fairhill-Boise	April 29, 1912

20. UNDERTAKER Bert A. Slater ADDRESS .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2077

Registered No. 16

1. PLACE OF DEATH.
County of Adams
City of Council
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 20 11
(No. ....., ... St.)

2. FULL NAME Clara Nickols

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 1878 May 15 (Year) (Month) (Day)

7. AGE: 36 yrs. ..... mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: Wm Kidwell

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Mary J. Kidwell

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos Nickols
(Address) Council

15.
Filed 5-6- 1912 Frank C Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1912, to Death 191..
that I last saw her alive on 3-20 1912,
and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 4 yrs. ..... mos. ..... ds.
Contributory (Secondary) Attendance on Victim who
(Duration) had consumption 6 years yrs. ..... mos. ..... ds.

(Signed) Frank C Brown M. D.
5-6- 1912 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Council
DATE OF BURIAL: 3-21 1912

20. UNDERTAKER: Roth young
ADDRESS: Council

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 207

Registered No. 130

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 11 Lucia Hospital St.)

2. FULL NAME C. M. Hargood

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White American	married

6. DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

7. AGE: 30 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N. York

10. NAME OF FATHER: not Known.

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Baker & Co.
(Address) Boise Ida.

15. Filed 5/28/12 191... M. O. Hopkins. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 27 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 1912, to May 27 1912 that I last saw him alive on May 26 1912, and that death occurred on the date stated above, at 7.45 A.M.

The CAUSE OF DEATH* was as follows:
Endocarditis

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) K. B. Smith M. D.
May 28 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Castle N. York | DATE OF BURIAL: May X 191...

20. UNDERTAKER: Fry & Summers. | ADDRESS: 75 & Jeff. Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2070

Registered No. 129

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 1304 N. 11th St.)

Registration District No. 2

Primary Registration District No. 1004

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret Driscoll

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 6th (Day) 1850 (Year)

7. AGE: 60 yrs. 7 mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Christie A. Hagan

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary A. Hagan

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mr. Driscoll
(Address): Boise

15. Filed 5/28/12 191 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 27th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cancerous of breast and right arm
(Duration) 1 yrs. 9 mos. — ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) W. F. Tukey M. D.
19... (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence: Jordan Valley, Oregon

19. PLACE OF BURIAL OR REMOVAL: Nampa, Idaho. DATE OF BURIAL: 5/28 191...

20. UNDERTAKER: Schreiber & Siedenfaden ADDRESS: Boise, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BKRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1804

(No. 112 E. Idaho St.)

File No. 2089

Registered No. 128

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ella M. Cole

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Married~~ Married

6. DATE OF BIRTH: Apr. (Month) 24 (Day) 1855 (Year)

7. AGE: 57 yrs. — mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Waterloo. Iowa.

10. NAME OF FATHER: Joseph Bown

11. BIRTHPLACE OF FATHER (State or Country): Scotch

12. MAIDEN NAME OF MOTHER: T. B. Hall

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. T. Henlon
(Address) Boise Idaho

15. Filed 5/25/12 191... M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 20 1912, that I last saw h[illegible] alive on May 20 1912, and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobular

(Duration) — yrs. — mos. 6 ds.

Contributory (Secondary) Bronchitis acute

(Duration) — yrs. — mos. 20 ds.

(Signed) W. F. Tussey M. D.

19... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 112 E. Idaho St

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 5/21 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & RDRS. 19760

Form V. S. No. 5. 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2081
Registered No. 127

1. PLACE OF DEATH.

Registration District No. 2
Primary Registration District No. 1004
County of
City of (No. 708 Pueblo St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Josephine Alloway

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 13 (Day) 1911 (Year)

7. AGE: ——— yrs. 11 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho.

10. NAME OF FATHER: J. F. Alloway

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Estell Reese

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Alloway
(Address) Boise

15. Filed 5/20/12 191... M. P. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/13/20 1912, to ... 191..., that I last saw h... alive on ... 191..., and that death occurred on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Probable Pregnancy Heart
Resp. Paralysis
Accidental

(Duration) ... yrs. 11 mos. 7 ds.

Contributory (Secondary)
(Duration) ... yrs ... mos. ... ds.

(Signed) Ralph Falls M. D.
5/20/1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ...yrs ...mos ...days. In the State ...yrs ...mos ...days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery — DATE OF BURIAL: 5/21 191...

20. UNDERTAKER: Schreiber & Siedenfaden — ADDRESS: Boise Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

37

Form U. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2082
Registered No. 126

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. ....., ... St.)

2. FULL NAME Nora Buxton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ (*Write* the word.)

6. DATE OF BIRTH: May 14 (Month) (Day) 1912 (Year)

7. AGE: 8 yrs. 6 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: School
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cromwell, Iowa

10. NAME OF FATHER: Charles Buxton

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Miss Carrie Manatry

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Silas Buxton
(Address) Payette, Idaho

15.
Filed 5/14/12 191.. M. E. Hopkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to May 14 1912
that I last saw her alive on May 14 1912
and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Haemophilia —
(Internal hemmorhage following a week after Pneumonia —
(Duration) ..... yrs. ..... mos. 4 days
Contributory (Secondary) Pneumonia
(Duration) ..... yrs. ..... mos. 1 week ds.
(Signed) R. L. Mouse M. D.
May 14 1912 (Address) Boise —

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cromwell Iowa
DATE OF BURIAL: May 18 1912

20. UNDERTAKER: Fry & Summers —
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

EYMS-YORK CO., PRINTERS & RULERS. SO108 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2083

Registered No. 125

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. Marion & Cook St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Marion S. Cook

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar. 3. (Month) (Day) 1847 (Year)

7. AGE: 65 yrs. 2 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Veterans of Civil
(b) General nature of industry business or establishment in which employed (or employer): war Retired

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Mathew G Cook

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers Home, Boise

15. Filed 5/18/12 191... M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1912, to May 17 1912, that I last saw h. alive on May 17th 1912., and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Internal injury from being thrown from an automobile,
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Jno. R. Rumberg M. D.
May 18 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemet | DATE OF BURIAL: May 19 1912

20. UNDERTAKER: Toys & Summers | ADDRESS: Boise City

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2084
Registered No. 124

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Howard B. Dirlam

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 12th (Day) 1855 (Year)

7. AGE: 57 yrs. 3 mos. 3 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Clyde Ohio

10. NAME OF FATHER: Franklin Dirlam

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Rebecca Dirlam

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs H. B. Dirlam
(Address): Boise Idaho

15.
Filed 5/17/12 191
M. E. Hopkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 16th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1912, to May 15 1912, that I last saw h[illegible] alive on May 15 1912 and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Meningeal Hemorrhage

(Duration) yrs. mos. ds.

Contributory (Secondary) Arteria Sclerosis

(Duration) yrs. mos. ds.

(Signed) Fred A. Pettengill M. D.
5/16 1912 (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State .....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence: Near Beattie. Ada Co.

19. PLACE OF BURIAL OR REMOVAL: Delta. Colo.
DATE OF BURIAL: 5/17 1912

20. UNDERTAKER: Schreiber & Siddenfaden
ADDRESS: Boise Ida

GYMS - YORK CO., PTRS. & BDRS. 19760

I. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 1054
File No. 2085
Registered No. 123

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 112 E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME E. T. Clark

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced
6. DATE OF BIRTH: ..... (Month) ..... (Day) 1861 (Year)
7. AGE: 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Ex Policeman
(b) General nature of industry business, or dstablishment in which employed (or employer):
9. BIRTHPLACE (State or Country): N. Y.
10. NAME OF FATHER: Not obtainable
11. BIRTHPLACE OF FATHER (State or Country): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (State or Country): " "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs M. Thomas
(Address) Boise
15. Filed 5/16 1912 W E Pickett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to May 13 1912, that I last saw h alive on May 13 1912, and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:
General Peritonitis
with Post Operative fecilation
of the Stomach
(Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) Cerebral Hemorrhage
(Duration) ..... yrs. ..... mos. several ds.
(Signed) C O'S Sutton M. D.
19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 11 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? Boise
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 5/17 1912
20. UNDERTAKER: Schreiber & Siddenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 208

Registered No. 122

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No. 2

Primary Registration District No. 1004

(No. 112, E. Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles A Shuckardt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: May (Month) 7th (Day) 1861 (Year)

7. AGE: 61 yrs. — mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry business, or dstablishment in which employed (or employer): St Margarets

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Chas. Shuckardt

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Shuckardt

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clara C Shuckardt
(Address) Boise, Idaho

15. Filed 5/15/12 191 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14th 191 , to 191 , that I last saw h wife alive on May 13th 1912, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Probably cerebral hemorrhage due to fall from ladder in epileptic attack

(Duration) yrs. Two hours mos. ds.

Contributory (Secondary) Epilepsy

(Duration) yrs. Said fatal attacks in May Each year mos. ds.

(Signed) J. M. Taylor M. D.

May 15 1912 (Address) Boise

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State ....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence 412 W. S. Ave Boise

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery | DATE OF BURIAL: 5/15 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1002

File No. 208

County of Ada

City of Boise (No. 1521 Grove St.)

Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Clarence Downard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 6th (Day) 1912 (Year)

7. AGE: ... yrs. ... mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise, Idaho.

10. NAME OF FATHER: Otto Downard

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: ~~Scotch~~ Sarah Mullany.

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto Downard
(Address) Sunnyside, Idaho.

15. Filed 5/14 1912 M E Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 1912, to May 11 1912, that I last saw him alive on May 11 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus.

(Duration) ... yrs. ... mos. 2 hours

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Carl Hill M. D.

19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. 5 days. In the State ... yrs. ... mos. ... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: May 14 1912

20. UNDERTAKER: Shriber & Hidenfaden — ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1 [redacted]TE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 208

Registered No. 120

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise (No. 1412 Sherman St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lotta Stubblefield

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Single~~ Married Widowed

6. DATE OF BIRTH: Feb (Month) 9 (Day) 1885 (Year)

7. AGE: 27 yrs. 3 mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canyon Co Idaho

10. NAME OF FATHER: A. Blessinger

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Maria McClellan

13. BIRTHPLACE OF MOTHER (State or Country): American.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Henry Tucker
(Address) Boise Idaho.

15. Filed 5/13/12 191... M. E. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May 12th 1912
May (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1912, to April 28 1912, that I last saw h.. alive on April 28 1912, and that death occurred on the date stated above, at 9 1. M.

The CAUSE OF DEATH* was as follows:

Sepsis due to Ulceration of ascending Colon

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Appendicitis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Fred A Tillery M. D.
5/12 1912 (Address) Talk Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ...yrs...mos...days. In the State ...yrs...mos...days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: May 14 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2089
Registered No. 117

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 51 Alturas St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ben S Briggs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White English

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: April (Month) 4 (Day) 1870 (Year)

7. AGE: 42 yrs. 1 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sheep business
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Rutland Eng

10. NAME OF FATHER: Jno S Briggs

11. BIRTHPLACE OF FATHER (State or Country): Rutland Eng

12. MAIDEN NAME OF MOTHER: Mary An Turkey

13. BIRTHPLACE OF MOTHER (State or Country): Rutland Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Julia Martin
(Address) 415 S. 11th St. Boise

15.
Filed 5/11/12 191... W. E. Pierce Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 1912, to May 10 1912 that I last saw him alive on May 10 1912, and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum and liver

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) W. H. Tuthill M. D.
May 11 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: May 12 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2097

Registered No. 116

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1077
(No. St Lukes Hospital St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah Kate Pittenger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 20 (Day) 1896 (Year)

7. AGE: 16 yrs. 3 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: None (Student)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ripley Ohio

10. NAME OF FATHER: J. M. Pittenger

11. BIRTHPLACE OF FATHER (State or Country): Decatur Ohio

12. MAIDEN NAME OF MOTHER: Alice Greenough

13. BIRTHPLACE OF MOTHER (State or Country): Ripley Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Pittenger
(Address) Nampa

15. Filed 5/4 191 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30 1912, to May 4 1912 that I last saw h[illegible] alive on May 3 1912, and that death occurred on the date stated above, at 4/4 M.

The CAUSE OF DEATH* was as follows:
(Septicemia) Influenza
(Duration) ..... yrs. ..... mos. 3+ ds.
Contributory (Secondary) Influenza
(Duration) ..... yrs. ..... mos. 3/ ds.
(Signed) Fred A [illegible] M. D.
5/4 192 (Address) Leth Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa — DATE OF BURIAL ..... 191...

20. UNDERTAKER: Sam Shallenberger — ADDRESS: Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

Form V. S. No. 5 20M.1-16-12

35-33

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1064

File No. 2091

Registered No. 173

County of Ada

City of Boise (No. 410 State St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna Lillian Jenkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: February (Month) 28 (Day) 1883 (Year)

7. AGE: 29 yrs. 2 mos. 29 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: W. H. Taylor

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Magdelein Shrick

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Shrum.
(Address) Boise

15. Filed 5/3/12 191 W. E. Hoff Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27 1912, to ..... 191..., that I last saw her alive on April 27 1912, and that death occurred on the date stated above, at 10a. M.

The CAUSE OF DEATH* was as follows:

Ether and Chloroform narcosis. (Died after taking only a few counts of the anaesthetic. (Suddenly.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Acute dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. P. McCall M. D.

4/27 1912 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 ... days. In the State ..... yrs. ..... mos. 14 ... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 5/3 191...

20. UNDERTAKER: Schreiber & Siddenfaden — ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2092

Registered No. 111

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1002
(No. 7, Boise St.)

2. FULL NAME Lola Rief

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Aug (Month) 28 (Day) 1910 (Year)
7. AGE: 1 yrs. 8 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Oklahoma
10. NAME OF FATHER: George Rief
11. BIRTHPLACE OF FATHER (State or Country): Kansas
12. MAIDEN NAME OF MOTHER: Emma McLemore
13. BIRTHPLACE OF MOTHER (State or Country): Texas
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Rief
(Address) Fenton B.S.
15.
Filed 5/3 1912 W. R. Hollis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 1 1912; to May 2 1912
that I last saw her alive on May 2 1912;
and that death occurred on the date stated above, at 8 a. M.
The CAUSE OF DEATH* was as follows:
Intestinal Indigestion
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C O'S Yates M. D.
5-2 1912 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cem — DATE OF BURIAL: May 3 1912
20. UNDERTAKER: Gray & Summers — ADDRESS: Boise Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1004
File No. 2093
Registered No. 112

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 112, E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fredricka Granholm
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 26th (Day) 1841 (Year)

7. AGE: 70 yrs. 5 mos. 7 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Brendlau Germany

10. NAME OF FATHER: W. Hausman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Maria Grosskopf.

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Granholm
(Address) Boise

15. Filed 5/3/12 191 M C Hollers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:
Cause of Liver
.....(Duration)..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
.....(Duration)..... yrs. ..... mos. ..... ds.

(Signed) J. D. Springer M. D.
May 3 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs. .....mos. .....days. In the State .....yrs. .....mos. .....days.
Where was disease contracted if not at place of death?
Former or usual residence 803 Hays St Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 5/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2150
File No. 2096
Registered No. 40

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harry Ryan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W	Single

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
33 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry business, or datablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Patterson New Jersey

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Ryan
(Address) .....

15.
Filed 5/10 191 7 D D Drennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April (Month) 4 (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31 191 7, to April 4 191 7, that I last saw h is alive on Apr 3 191 7 and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

a Tuberculosis
County Hospital
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory Cigarettes
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D D Drennan M. D.
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 5 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? St Maries Ida

Former or usual residence St Maries

19. PLACE OF BURIAL OR REMOVAL Rathdrum Ida | DATE OF BURIAL ..... 191...

20. UNDERTAKER Rathdrum Ida | ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene

Registration District No. 14
Primary Registration District No. 1003
(No. ....., ... St.)

File No. 209
Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 3 (Day) 1836 (Year)

7. AGE: 76 yrs. 4 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Wright

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: ~

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret Wright
(Address) 1517 Seventeenth St.

15. Filed 5/10 1917 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 4th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19 1917, to April 4th 1917
that I last saw him alive on April 4 1917
and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:
Uraemia

..... (Duration) ..... yrs. ..... mos. 16 ds.
Contributory (Secondary) Chronic Bright's disease
..... (Duration) 15 yrs. — mos. — ds.

(Signed) Jno Bunby M. D.
April 5 1917 (Address) Coeur D'Alene City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C. D'A — DATE OF BURIAL: Apr 6 1917

20. UNDERTAKER: Cassedy & Nelson — ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2051
File No. 209
Registered No. 42

1. PLACE OF DEATH.
County of Kootenai
City of
(No. 24 D St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Arthur J. Mercer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 14 (Month) (Day) 1886 (Year)

7. AGE: 25 yrs. 4 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Clerk
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): S. Dakota

10. NAME OF FATHER: A. J. Mercer

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Mary S. Baker

13. BIRTHPLACE OF MOTHER (State or Country): Wis consin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): G. R. Kloepfer
(Address): Rathdrum

15. Filed 4/10 191 2 D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 5 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Just at all 191..., to ...191...,
that I last saw h... alive on ...191...,
and that death occurred on the date stated above, at ...M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) yrs. 6 mos. ds.
Contributory (Secondary) Pneumonia
(Duration) yrs. mos. ds.

(Signed) D. D. Freeman M. D.
4/6 1917 (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Post Falls — DATE OF BURIAL: April 6 1917

20. UNDERTAKER: G. R. Kloepfer — ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2099
Registered No. 43

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Michael E Lallay

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1863 (Year)

7. AGE: 53 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Timber cruiser
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Perth Ont

10. NAME OF FATHER: Owen Lallay

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary Woulfe

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Lallay
(Address) 1101 Penn Ave

15. Filed 5/10 1912 J. D. Drummond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1911, to April 10 1912
that I last saw him alive on April 10 1912
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Valvular disease of the heart and consequent dilitation of same
(Duration) 10 yrs. — mos. — ds.
Contributory (Secondary) Cardiac dropsy
(Duration) — yrs. 3 mos. — ds.
(Signed) Jno Bunby M. D.
April 11 1912 (Address) Coeur Dalene City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Thomas cem C'd A — DATE OF BURIAL: Apr 12 1912

20. UNDERTAKER: S J Lunn — ADDRESS: C. d. A.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 210
Registered No. 44

1. PLACE OF DEATH. Registration District No. 14
County of Kootenai
City of Coeur d Alene (No. ....., ... St.)
Primary Registration District No. 1003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cecelia Gay

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1899 (Year)

7. AGE: 13 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kootenai

10. NAME OF FATHER: Eugene Gay

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mother
(Address) 1113 Lake Side Ave

15. Filed 5/10 1917 H. H. Munson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11th 1912, to April 12 1912
that I last saw her alive on April 11th 1912
and that death occurred on the date stated above, at 2 9 M.

The CAUSE OF DEATH* was as follows:
Shock following an operation for straightening Contracted Hamstring muscles
..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Weak Heart.
..... (Duration) 7 yrs. ..... mos. ..... ds.

(Signed) Jno Busby M. D.
April 12 1912 (Address) Coeur D'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Thomas Cem
DATE OF BURIAL: Apr 14 1912

20. UNDERTAKER: J Lewis
ADDRESS: C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 14

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2101
Registered No. 45

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d Alene (No. 845, North 3rd St.)
Registration District No.
Primary Registration District No. 1003
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, stitution or camp give its NAME instead of street and number.

2. FULL NAME Elizabeth Dell Kendall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July 30 (Month) (Day) 1888 (Year)
7. AGE: 23 yrs. 8 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Kootenai Co. Idaho
10. NAME OF FATHER: James B Horner
11. BIRTHPLACE OF FATHER (State or Country): Michigan
12. MAIDEN NAME OF MOTHER: Amelia Traesa Turner
13. BIRTHPLACE OF MOTHER (State or Country): Michigan
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Kendall
(Address) 845 N. 3rd St.
15. Filed 5/10 1912 D D Drumm Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 19th (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1912, to April 19 1912
that I last saw h~~e~~r alive on April 18 1912
and that death occurred on the date stated above, at 3.50 A. M.
The CAUSE OF DEATH* was as follows:
Parenchymatous Nephritis
..... (Duration) ..... yrs. 3 mos.
Contributory (~~Secondary~~) Typhoid Fever
..... (Duration) ~ yrs. 2 mos. ~
(Signed) W. H. Holden M. D.
April 19 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem.
DATE OF BURIAL: Apr. 21 1912
20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 210
Registered No. 47

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1009
~~City~~ of Mun Hayden Lake (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louana Norris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1869 (Year)

7. AGE: 43 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (State or Country): .....

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. P. Norris
(Address) Mun Hayden Lake

15. Filed 5/10 1917 D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21st 1917, to Apr. 24th 1917, that I last saw her alive on Apr 24th 1917, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
When seen miscarriage had taken place placenta adherent, patient bloodless & almost pulseless & oedematous from head to foot.
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) Childbirth & possibly nephritis
(Duration) — yrs. — mos. — ds.
(Signed) A. Kenlis M. D.
4/22 1917 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C'd'A
DATE OF BURIAL: May 6 1917

20. UNDERTAKER: S. J. Luen
ADDRESS: C. d. A.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2104
Registered No. 48

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ....., ... St.)
Registration District No. 14
Primary Registration District No. 1063
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mathilda Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: March 1 1858 (Month) (Day) (Year)
7. AGE: 54 yrs. 1 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Sweden
10. NAME OF FATHER: ✓
11. BIRTHPLACE OF FATHER (State or Country): Sweden
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or Country): Sweden
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Johnson
(Address) Cadwell Idaho
15. Filed Nov 10 1912 A. L. Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 22 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 21 1912, to Apr. 22 1912 that I last saw her alive on Apr. ~~22~~ 21 1912 and that death occurred on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:
Apoplexy
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Heart disease
..... (Duration) 10 yrs. ..... mos. ..... ds.
(Signed) A. O. Myers M. D.
April 22 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. DATE OF BURIAL: Apr. 24 1912
20. UNDERTAKER: Cassidy & Nelson ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2105
Registered No. 49

1. PLACE OF DEATH. Registration District No.
County of Kootenai Primary Registration District No. 2118
City of Rose Lake. (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret Harper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	married

6. DATE OF BIRTH June (Month) 28 (Day) 1 (Year)

7. AGE 36 yrs. 8 mos. 25 ds. IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) France

10. NAME OF FATHER Durant

11. BIRTHPLACE OF FATHER (State or Country) France

12. MAIDEN NAME OF MOTHER Doris Mrm

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Harper
(Address) Rose Lake Ida

15. Filed 5/10 1917 D L Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH April (Month) 23 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Apr 23. 1917, ~~to~~ death ~~191~~ that I last saw her alive on about 4/20 1917 and that death occurred on the date stated above, at 11 a. M.

The CAUSE OF DEATH* was as follows:
Drowning.

(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. E. Wortington M. D.
4/23 1917 (Address) Rose Lake Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Rose Lake Ida

19. PLACE OF BURIAL OR REMOVAL Lane Ida DATE OF BURIAL Apr 25 1917

20. UNDERTAKER None ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 210
Registered No. 10

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum
Registration District No.
Primary Registration District No. 2051
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Adolph W. Post

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 19. (Day) 1845 (Year)

7. AGE: 66 yrs. 11 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: U. S. Court Commissioner and Justice of the Peace
(b) General nature of industry business or establishment in which employed (or employer): retired farmer & Saw Mill man

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: William Post

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Margaret Hess

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary Post
(Address) Rathdrum Ida.

15. Filed 5/10 1912 D D Drummond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 23rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 12. 1912, to Apr. 23. 1912
that I last saw him alive on Apr. 22. 1912
and that death occurred on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:

True Angina Pectoris

(Duration) about 2 weeks yrs. mos. ds.

Contributory (Secondary) Arteriosclerosis.

(Duration) several years. yrs. mos. ds.

(Signed) Frank P Kemp M. D.
4/24. 1912 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rathdrum
DATE OF BURIAL: 4/25 1912

20. UNDERTAKER: Kloepfer
ADDRESS: Rathdrum

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 210
Registered No. 57

1. PLACE OF DEATH.
County of Fremont
City of Desmet

Registration District No. 12
Primary Registration District No. 2118
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ira J Thomason

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May 30 (Month) (Day) 1906 (Year)

7. AGE: 5 yrs. 11 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Washington State

10. NAME OF FATHER: L. Thomason

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Billy Young

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Luther Thomason
(Address) .....

15. Filed 5/10 1912 W D Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8 1912, to Apr 24 1912
that I last saw h[im] alive on April 23 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Acute mastoiditis Abscess
.....
.....
..... (Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Tonsillitis, Follicular
..... (Duration) ..... yrs. ..... mos. 15 ds.
(Signed) J. R. Leellard M. D.
Apr 25 1912 (Address) Desmet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet
DATE OF BURIAL 1912

20. UNDERTAKER: None
ADDRESS .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of C. D. A.

Registration District No. IV
Primary Registration District No. 1003
(No. ....., ... St.)

File No. 2108
Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ada Ridinger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: 9 (Month) 26 (Day) 1853 (Year)

7. AGE: 59 yrs. ..... mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Robert Jordan

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Ella Russel

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. R. E. Schurch
(Address) .....

15. Filed 5/10 1912 D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 1912, to April 24 1912
that I last saw h.r alive on April 24 1912
and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) about 16 yrs. - mos. - ds.
Contributory Uraemia
(Secondary)
(Duration) ..... yrs. ..... mos. 5 ds.
(Signed) W. H. Hoedemaker M. D.
Apr 25 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem.	Apr. 27 1912
20. UNDERTAKER	**ADDRESS**
Cassady & Nelson	C d'A. Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 210
Registered No. 53

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1053
City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Geo E Willis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1866 (Year)

7. AGE: 46 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Geo Willis

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs G E Willis
(Address) 1502 7th St

15. Filed 5/10 1917 — A A Freeman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~Feb 26~~ March 24th 1912, to ~~February 30~~ March 30th 1912 that I last saw him alive on March 29 1912 and that death occurred on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:
Valvular disease of the heart

..... (Duration) ~~46~~ yrs. — mos. 33 ds.
Contributory (Secondary) General dropsy
..... (Duration) ..... yrs. ..... mos. ~~33~~ 33 ds.

(Signed) ..... M. D.
April 1 1912 (Address) Coeur d'Alene.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C d A — DATE OF BURIAL: April 1 1917

20. UNDERTAKER: S J Lucas — ADDRESS: C d A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 24
Primary Registration District No. 2098
File No. 2111
Registered No. 16

1. PLACE OF DEATH.
County of Bear Lake.
City of Montpelier (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME C. F. Pendleton.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 18 (Day) 1835 (Year)

7. AGE: 76 yrs. 10 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sheepherder.
(b) General nature of industry business or establishment in which employed (or employer): Sheep.

9. BIRTHPLACE (State or Country): Kansas.

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Don't Know.

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary R. Couch
(Address) Round Valley - Utah

15.
Filed May 15 1912 J. M. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to April 10 1912
that I last saw h[illegible] alive on April 10 1912
and that death occurred on the date stated above, at [illegible] M.
The CAUSE OF DEATH*, was as follows: Chronic Interstitial Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
April 11 1912 (Address) Montpelier

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 6 ds.
In the State Don't Know yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Don't Know
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier, Idaho
DATE OF BURIAL: April 12 1912.

20. UNDERTAKER: Jos. Fuller
ADDRESS: Montpelier

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 214
Registered No. 20

1. PLACE OF DEATH.
County of Ada
City of Star,
(No. ——, ——— St.)
Registration District No. 1
Primary Registration District No. 2001
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Isaiah Hamilton Rodgers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White, American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept. (Month) 17 (Day) 1861 (Year)

7. AGE: 50 yrs. 4 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: William H Rodgers

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Nancy Jane McNeal

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Ellen Rogers
(Address) Star, Idaho

15. Filed Feb 8 1912 April 16, 1912 J E Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feby (Month) 8 (Day) 12 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 6, to Feby 8 1912
that I last saw h[illegible] alive on Feby 8 1912,
and that death occurred on the date stated above, at 1150 M.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
Acute Dilatation

(Duration) Several yrs. —— mos. —— ds.
Contributory (Secondary) Cystic Kidney + Liver
(Duration) Several yrs. —— mos. —— ds.
(Signed) Ole Hall M. D.
Feby 8 1912 (Address) Star Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Star Cemetary — DATE OF BURIAL: Feb 10 1912

20. UNDERTAKER: Frey + Summers — ADDRESS: Boise Idaho

13 Feb 8

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2001
City of Star (No. ....., ... St.)
File No. 215
Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Lamper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: February (Month) 7 (Day) 1892 (Year)

7. AGE: 20 yrs. 1 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): farm

9. BIRTHPLACE (State or Country): Middleton Ida

10. NAME OF FATHER: C. A. Lamper

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Maggie Smith

13. BIRTHPLACE OF MOTHER (State or Country): Star Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. A. Lamper
(Address) Star Ida

15.
Filed March 26 1912
April 16, 1912 J. E. Naylor Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 18 1912, to Mch 26 1912 that I last saw h[illegible] alive on Mch 26 1912, and that death occurred on the date stated above, at 1135a M.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 9 ds.

Contributory (Secondary): Abs. Heart

(Duration) Long yrs. ..... mos. ..... ds.

(Signed) Ollis Hale M. D.
3-26 1912 (Address) Star Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death	yrs	mos	ds	In the State	yrs	mos	ds

Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Star Cemetery — DATE OF BURIAL: [illegible] 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2004
City of — (No. Soldiers Home St.)
File No. 2116
Registered No. 22
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Joshua Oliver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: American White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower
6. DATE OF BIRTH: Feb (Month) 11 (Day) 1843 (Year)
7. AGE: 68 yrs. 2 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Veteran of Civil War
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: John Oliver
11. BIRTHPLACE OF FATHER (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Green
13. BIRTHPLACE OF MOTHER (State or Country): Mass.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home
15.
Filed April 20 1912 E. E. Shewhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 18 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 1912, to April 18 1912, that I last saw h[illegible] alive on 16 April 1912, and that death occurred on the date stated above, at 4:45 M.
The CAUSE OF DEATH* was as follows:
Cerebral Embolus.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Fred C. Culley M. D.
4/20 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Military Cem. DATE OF BURIAL: April 21 1912
20. UNDERTAKER: Gray & Summers ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of Boise

(No. Ada County Farm St.)

File No. 211

Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert Young

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable (Month) 1 (Day) (Year)

7. AGE: about 40 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Evans
(Address) Ada County Farm.

15. Filed April 30 1912 — G. E. Shawhan, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 23 1911, to April 29 1911, that I last saw him alive on April 23 1911, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) G. E. Shawhan, M. D.

19.... (Address) ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs. ...mos. ...days. In the State Ada County Farm ...yrs. ...mos. ...days.

Where was disease contracted if not at place of death?

Former or usual residence Ada County Farm

19. PLACE OF BURIAL, CREMATION, REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 5/2 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Bingham Primary Registration District No. 2075
City of Carey (No. ....., ... St.) File No. 2118
If death occurs away from usual residence, give facts called for under special information. Registered No. 22
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Merlin Smeed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Male	W.	Single

6. DATE OF BIRTH: April (Month) 1st (Day) 1910 (Year)

7. AGE: 2 2 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) —

9. BIRTHPLACE (State or Country) Albion, Idaho

10. NAME OF FATHER Harry Smeed

11. BIRTHPLACE OF FATHER (State or Country) Kansas

12. MAIDEN NAME OF MOTHER Mary Rice

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Smeed
(Address) Carey Idaho

15. Filed 5-1 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Burn Covering 3/4 body area

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [signature] M. D.
3/10 1912 (Address) Carey Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Carey Idaho — DATE OF BURIAL: 3/10 1912

20. UNDERTAKER — ADDRESS —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 211
Registered No. 32

1. PLACE OF DEATH.
County of Bear Lake
City of Lanes
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2075
(No. ....., ... St.)

2. FULL NAME ——— Ellard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 3 (Month) 12 (Day) 1912 (Year)

7. AGE: ——— yrs. ——— mos. ——— ds.
IF LESS than 1 day how many ... hrs. or ... min.: ———

8. OCCUPATION
(a) Trade, profession or particular kind of work: ———
(b) General nature of industry business or establishment in which employed (or employer): ———

9. BIRTHPLACE (State or Country): Lanes, Idaho
10. NAME OF FATHER: Edmund Ellard
11. BIRTHPLACE OF FATHER (State or Country): Fairview - Utah
12. MAIDEN NAME OF MOTHER: Nellie E. Fasion
13. BIRTHPLACE OF MOTHER (State or Country): Fairview Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Howard, Midwife
(Address) Lanes Idaho

15. Filed 5-1 1912 — Robert H. Wright, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Premature Birth
6 1/2 months

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edith ..... M. D.
3-14 1912 (Address) Lanes Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lanes — DATE OF BURIAL: 3/13 1912

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 212
Registered No. 31

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2075
City of Carey (No. ..., Rosa Caroline St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. A. E. Eldredge

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 5 (Day) 1867 (Year)

7. AGE: 24 yrs. ... mos. ... ds. IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bear Lake, Idaho

10. NAME OF FATHER: J. W. Hymas

11. BIRTHPLACE OF FATHER (State or Country): Morgan City, Utah

12. MAIDEN NAME OF MOTHER: Rose Orr

13. BIRTHPLACE OF MOTHER (State or Country): Liberty - Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ...
(Address) ...

15. Filed 5-1 1912 Robert H. Leigh Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 3 (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/26 1912, to 3/26 1912 that I last saw her alive on 3/26 1912, and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary - due to Intestinal Nephritis
attack lasted 10 hours.
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Intestinal Nephritis
(Duration) at least seven months yrs. ... mos. ... ds.
(Signed) ... M. D.
3/27 1912 (Address) Carey, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Carey - Idaho
DATE OF BURIAL: 3/28 1912

20. UNDERTAKER: No undertaker
ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County [redacted] Primary Registration District No. 2022
City of Hailey (No. ....., ... St.)
File No. 2121
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Isaac Womack

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct 6 1866 (Month) (Day) (Year)

7. AGE: 45 yrs. 6 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Asa Womack

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Susannah Wells

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harvey Womack
(Address) Richfield

15. Filed Apr 18 1912 R. W. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apl 17 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10 1912, to Apl 18 1912 that I last saw h[redacted] alive on Apl 17 1912, and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:
Encephalitis

..... (Duration) ..... yrs. 2 mos. ..... ds.

Contributory (Secondary) —— (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Wright M. D.
Apl 18 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey — DATE OF BURIAL: Apr 18 1912

20. UNDERTAKER: R. W. Harris — ADDRESS: Hailey Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2122

Registered No. 29

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 21

County of Blaine

Primary Registration District No. 2072

City of Hailey

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Cyril Thomas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct (Month) 19 (Day) 1916 (Year)

7. AGE: 1 yrs. 6 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Hailey

10. NAME OF FATHER John G. Thomas

11. BIRTHPLACE OF FATHER (State or Country) California

12. MAIDEN NAME OF MOTHER Elizabeth O'Connell

13. BIRTHPLACE OF MOTHER (State or Country) Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. D. Thomas
(Address) Hailey

15. Filed 4-20 1912 R. H. Smyth Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12th 1912, to April 19th 1912, that I last saw him alive on April 19th 1912, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. 7 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. H. Smyth M. D.

April 20 1912 (Address) Hailey Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey Idaho

DATE OF BURIAL: April 21 1912

20. UNDERTAKER: R. D. Harris

ADDRESS: Hailey

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2127
Registered No. 28

1. PLACE OF DEATH.
County of Blaine
City of P O Carnal
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

2. FULL NAME John B Harrison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 5 (Day) 1849 (Year)

7. AGE: 62 yrs. 11 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profesission, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF FATHER: Wm Harrison

11. BIRTHPLACE OF FATHER (State or Country): Ky.

12. MAIDEN NAME OF MOTHER: Elizabeth Baker

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Harrison
(Address) Canal Idea

15. Filed Apr 30 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...,
and that death occurred on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:
Probable erosion of Carotid Artery from Pressure of Large Goiter Causing death Immediately (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dell Stitt Briggs M. D.
May 1 1912 (Address) Soldier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL: Soldier
DATE OF BURIAL: May 1 1912

20. UNDERTAKER: Neg Moore
ADDRESS: Soldier

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2023 File No. 2124
City of Maynard (No. ....., ... St.) Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chas Roy Angels

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 2 (Day) 1910 (Year)

7. AGE: 2 yrs. 2 mos. ——— ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wash

10. NAME OF FATHER: Chas Angels

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Minnie Elmore

13. BIRTHPLACE OF MOTHER (State or Country): Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas Stewart
(Address) Maynard Ida

15. Filed Apr 10 1912 Robt H Lynch Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-1-1912, to 4-2-1912 that I last saw h..... alive on 4-2-1912, and that death occurred on the date stated above, at 5 38 M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D Ortiggs & A Ortiggs M. D.
4-2 1912 (Address) Le Claire Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Maynard — DATE OF BURIAL: 4-3-1912

20. UNDERTAKER: Reg Morrell — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Hailey
If death occurs away from usual residence, give facts called for under special information.

Registration District [redacted] 21
Primary Registration District No. 2022
(No. ____, [redacted] St.)

File No. 2125
Registered No. 26
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Thomas Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feby (Month) 7 (Day) 1891 (Year)

7. AGE: 21 yrs. 2 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Chicago

10. NAME OF FATHER: Peter Ward

11. BIRTHPLACE OF FATHER (State or Country): Chicago Ill

12. MAIDEN NAME OF MOTHER: Mattie Mathews

13. BIRTHPLACE OF MOTHER (State or Country): Boston

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Mattie Lucas
(Address): Hailey Idaho

15. Filed Apr 17 1912 — Robert H Smith, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 1912, to April 16 1912
that I last saw him alive on April 16 1912,
and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:
Syphilis

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) John J Raaf M. D.
April 17 1912 (Address) Hailey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hailey
DATE OF BURIAL: Apl 18 1912

20. UNDERTAKER: R W Harris
ADDRESS: Hailey Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 215

Registered No. 25

1. PLACE OF DEATH. Registration District No. 21

County of Blaine Primary Registration District No. 2022

City of P.O. Hailey (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Garner C. Daugherty

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH March 1 1851
(Month) (Day) (Year)

7. AGE 60 yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Laborer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A E Bumgardner
(Address) Blaine Idaho

15. Filed April 17 1912 Robert H. Wright
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 17 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicide

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Robert H. Wright M. D.
April 17 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bellevue	April 19 1912

20. UNDERTAKER	ADDRESS
R D Harris	Hailey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. D 212
Registered No. 24

1. PLACE OF DEATH.
County of Blaine
City of Hailey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2022
(No. ....., ... St.)

2. FULL NAME John Farr

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	Wht.	Single

6. DATE OF BIRTH
April (Month) 8. (Day) 1837 (Year)

7. AGE
73 yrs. ✓ mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Miner
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Michigan

10. NAME OF FATHER ✓

11. BIRTHPLACE OF FATHER (State or Country) ✓

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Samuel Friend
(Address) Hailey

15.
Filed Apr 10 1917 Robert H. Sheldon
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
4 (Month) 30 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to April 30 1917 that I last saw him alive on April 29 1917, and that death occurred on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:
Heart Failure
(Duration) Immediate yrs. ..... mos. ..... ds.
Contributory (Secondary) Valvular Regurgitation
(Duration) 3 yrs. — mos. — ds.

(Signed) J. J. Plummer M. D.
May 1 1917 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey Ida
DATE OF BURIAL: 5/1/1917

20. UNDERTAKER: Ralph Harris
ADDRESS: Hailey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Moore -
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024
(No. ....., ... St.)

File No. 212
Registered No. 23
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Gwendolyn E Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Single

6. DATE OF BIRTH: April (Month) 22 (Day) 1912 (Year)

7. AGE: ..... yrs. four hours mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 4 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: William Ray Wells

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Eva Augusta Lemmon

13. BIRTHPLACE OF MOTHER (State or Country): New Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah E. Lemmon
(Address) Moore, Idaho.

15. Filed April 22 1912 D.W. Matthaei Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on April 22 1912, to ..... 191..
that I last saw her alive on April 22 1912,
and that death occurred on the date stated above, at 6.50 P M.

The CAUSE OF DEATH* was as follows:
Blue Baby probably
failure of closure of Foramen Ovale
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Premature birth - 34 weeks
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D.W. Matthaei M. D.
April 22 1912 (Address) Arco, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Arco Moore -	April 23 1912
20. UNDERTAKER	**ADDRESS**
D.W. Matthaei	Arco.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2024
City of Arco (No. ....., ... St.)
File No. 2120
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Meldora Waite

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 19 (Day) 1911 (Year)

7. AGE: ..... yrs. 10 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho —

10. NAME OF FATHER: George Waite

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Sarah McHenry

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Waite
(Address) Arco, Ida.

15. Filed April 25 1912 Robert K. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912 to April 20 1912
that I last saw h im alive on April 16 1912
and that death occurred on the date stated above, at 12.50 P. M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Matthews M. D.
April 22 1912 (Address) Arco, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Arco — DATE OF BURIAL: April 23 1912

20. UNDERTAKER: D. W. Matthews ADDRESS: Arco

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2230

Registered No. 20

1. PLACE OF DEATH.
County of Blaine
City of Hailey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2022
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fred S Dow

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	Wht	

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15.
Filed Apr 10 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Apl (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1912, to Apl 2 1912
that I last saw him alive on Apl 2 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia Acute

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Don't Know anything about him

..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. J. Plummer M. D.
4, 5 1912 (Address) Hailey Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Blaine County Hospital In the
of death ..... yrs ..... mos ..... ds State ..... yrs ..... mos ..... ds.
Where was Disease contracted, Don't Know
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey Idaho
DATE OF BURIAL: Apl 1912

20. UNDERTAKER: R D Harris
ADDRESS: Hailey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2022
File No. 2131
Registered No. 16

1. PLACE OF DEATH.
County of Blaine
City of Hailey (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Peter Paul Young

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single
6. DATE OF BIRTH: Dec (Month) 29 (Day) 1867 (Year)
7. AGE: 44 yrs. mos. ds. IF LESS than 1 day how many ....hrs.or ....min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Germany
10. NAME OF FATHER: Paul Young
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (State or Country): —
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. James Bonney
(Address) Ketchum
15. Filed Apr 5 1912 Robert H. Lynton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from March 7 1912, to April 1 1912
that I last saw him alive on April 1 1912,
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:
1-Haemoptysis
(Duration) yrs. mos. ds.
Contributory (Secondary) Pneumonia
(Duration) yrs. mos. ds.
(Signed) J. J. Rad M. D.
April 2 1912 (Address) Hailey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs.... ....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Ketchum Ida
DATE OF BURIAL: Apr 7 1912
20. UNDERTAKER: R. D. Harris
ADDRESS: Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted] OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2132
Registered No. 20

[redacted] PLACE OF DEATH.
Registration District No. 31
County of Cassia
Primary Registration District No. 216
City of ..... (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lyle Evart Bales

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May (Month) 5 (Day) 1917 (Year)
7. AGE: ... yrs. ... mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Levi S. Bales
11. BIRTHPLACE OF FATHER (State or Country): Utah.
12. MAIDEN NAME OF MOTHER: Hulda Mary Bailey
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. P. Colohan
(Address) Oakley Ida
15. Filed June 11 1917 E. P. Stoker

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 29 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 29. 1917, to May 29 1917 that I last saw him alive on May 29 1917 and that death occurred on the date stated above, at 8 A M.
The CAUSE OF DEATH* was as follows:
Pertussis - convulsions.

(Duration) ... yrs. ... mos. 14 ds.
Contributory (Secondary) Convulsions
(Duration) ... yrs. ... mos. 2 ds.
(Signed) E. P. Colohan M. D.
5/30 1917 (Address) Oakley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oakley — DATE OF BURIAL: May 30 1917
20. UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2133
Registered No. 71

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Primary Registration District No. 2119
City of Preston R.F.D. #1 (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jane Stephenson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr (Month) 25 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Harris Stephenson

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Bennet

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harris Stephenson
(Address) Preston R.F.D. #1

15. Filed May 15 1912 H. C. Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8 1912, to May 9 1912 that I last saw he alive on May 8 1912 and that death occurred on the date stated above, at 6a M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(Duration) 1 yrs. 1 mos. 3 ds.
Contributory (Secondary) .....
(Duration) — yrs. — mos. 2 ds.

(Signed) C. W. Slade M. D.
May 9 1912 (Address) Franklin Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, ...
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mapleton — DATE OF BURIAL: May 10 1912

20. UNDERTAKER: P. J. Hansen — ADDRESS: Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1234
Registered No. 10

1. PLACE OF DEATH.
County of Bucks
City of Preston
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hannes Hansen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 3 (Month) 10th (Day) 1882 (Year) 1841

7. AGE: 30 yrs. 3 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farm Keeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Springville

10. NAME OF FATHER: Ellsworth

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Manwaring

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Hansen
(Address) Preston Ida

15. Filed May 16 1912
June 5 1912
G. C. Gurney
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1912, to ..... 191..
that I last saw her alive on May 14 1912
and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Placenta previa

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Gurney M. D.
May 15 1912 (Address) Preston, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho
DATE OF BURIAL: May 16 1912

20. UNDERTAKER: D. J. Hansen
ADDRESS: Idaho

Lee Key

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17|45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2135
Registered No. W

1. PLACE OF DEATH.
County of Bingham
City of Preston (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leland P Haines

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 11 (Month) 25 (Day) 1911 (Year)

7. AGE: ..... yrs. 1 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Preston Idaho

10. NAME OF FATHER: Roberts N Haines

11. BIRTHPLACE OF FATHER (State or Country): Bingham City Utah

12. MAIDEN NAME OF MOTHER: Perkinson

13. BIRTHPLACE OF MOTHER (State or Country): Franklin Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert N. Haines
(Address) Preston Idaho

15. Filed May 15 1912 J. P. Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3rd 1912, to May 13th 1912 that I last saw him alive on May 13th 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 13. ds.
Contributory (Secondary) Lagrip
..... (Duration) ..... yrs. ..... mos. a few ds.
(Signed) Allen Rutter M. D.
5/15 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Idaho
DATE OF BURIAL: May 15 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2136
Registered No. 43

1. PLACE OF DEATH.
County of Oneida
City of Weston (No. (Phoeba) St.)
Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Pohoeba Ellen Campbell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6. DATE OF BIRTH: Mar (Month) 16 (Day) 1895 (Year)

7. AGE: 17 yrs. 1 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Weston Oneida Co Idaho

10. NAME OF FATHER: John H Campbell

11. BIRTHPLACE OF FATHER (State or Country): Council Bluffs Iowa

12. MAIDEN NAME OF MOTHER: Julia Ann Fifield

13. BIRTHPLACE OF MOTHER (State or Country): Ogden Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Yespa Benson
(Address) Weston Idaho

15. Filed May 18 1912 G. C. Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ ..... 191..., to ..... 191...
~~that I last~~ saw her ~~alive~~ after death on May 14 1912
and that death occurred on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:
"Disease not known" verdict of Coroner's jury.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) about six months pregnant.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Emery M. D.
May 15 1912 (Address) Preston, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weston, Ida — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: none — ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2137

Registered No. 114

1. PLACE OF DEATH. Registration District No. 18

County of Oneida Primary Registration District No. 2077

City of Arbon (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jennie Tibbon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Whit

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan 6 (Month) 6 (Day) 1891 (Year)

7. AGE: 21 yrs. 2 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wellsville Utah

10. NAME OF FATHER: James R. Bailey

11. BIRTHPLACE OF FATHER (State or Country): Wellsville Utah

12. MAIDEN NAME OF MOTHER: Anna L. Kerr

13. BIRTHPLACE OF MOTHER (State or Country): Wellsville Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James R Bailey
(Address) Arbon, Idaho

15. Filed 2-15 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mch (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 23 1912, to 3/23 1912 that I last saw her alive on 3/23 1912, and that death occurred on the date stated above, at 8 1/2 A M.

The CAUSE OF DEATH* was as follows:

Eclampsia

22 hours
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Pregnancy
(Duration) ..... yrs. 9 mos. ..... ds.

(Signed) W Albright M. D.
3/25 1912 (Address) Malad

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Arbon Ida. DATE OF BURIAL: Mar 27 1912

20. UNDERTAKER: Hall ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYRNE-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Malad

Registration District No. 18
Primary Registration District No. 2069
(No. ....., ... St.)

File No. 2138
Registered No. 45

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nattie Fallis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 1st (Day) 1900 (Year)

7. AGE: 11 yrs. 10 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Marengo Co. Ill.

10. NAME OF FATHER: John Fallis

11. BIRTHPLACE OF FATHER (State or Country): Malad Idaho

12. MAIDEN NAME OF MOTHER: Annie Light

13. BIRTHPLACE OF MOTHER (State or Country): Marengo Co. Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Fallis
(Address) Malad Idaho

15. Filed 5/15 1912 — J. C. Ray, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4/15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1912, to April 15 1912, that I last saw h[illegible] alive on April 15 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Heart Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. / ds.

(Signed) J. M. Sterns, M. D.
4/15 1912 (Address) Malad Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: 4/17 1912

20. UNDERTAKER: D. E. Johnson — ADDRESS: Malad Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2139
Registered No. 116

1. PLACE OF DEATH.
County of Oneida
City of Malad
(No. ..... St.)
Registration District No. 18
Primary Registration District No. 2069

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles McDole

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: no history (Month) (Day) 1 (Year)
7. AGE: about 45 years ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: sheep herder
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): American
10. NAME OF FATHER: no history
11. BIRTHPLACE OF FATHER (State or Country): no history
12. MAIDEN NAME OF MOTHER: no history
13. BIRTHPLACE OF MOTHER (State or Country): no history
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Richard Sayers
(Address) Malad City Idaho
15.
Filed May 20 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 13 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 9 1912, to May 13 1912
that I last saw him alive on May 13 1912
and that death occurred on the date stated above, at 11 A.M.
The CAUSE OF DEATH* was as follows: Rocky Mountain Spotted Fever
..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
May 14 1912 (Address) Malad City Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad City Ida — DATE OF BURIAL: May 13 1912
20. UNDERTAKER: D E Johnson — ADDRESS: Malad Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. E 2140
Registered No. 111

1. PLACE OF DEATH.
County of Oneida
City of Malad
(No. ..., ... St.)

Registration District No. 18
Primary Registration District No. 2069

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard E Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Married

6. DATE OF BIRTH Nov (Month) 10 (Day) 1867 (Year)

7. AGE 54 yrs. 6 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Wales

10. NAME OF FATHER Richard Jones

11. BIRTHPLACE OF FATHER (State or Country) Wales

12. MAIDEN NAME OF MOTHER Mary Evans

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W T Jones
(Address) Malad Idaho

15. Filed June 3 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18 1912, to May 31 1912
that I last saw him alive on May 31 1912
and that death occurred on the date stated above, at 11.46 P.M.

The CAUSE OF DEATH* was as follows:
Rocky Mountain Spotted Fever

(Duration) ... yrs. ... mos. 14 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) D C Ray M. D.
June 1 1912 (Address) Malad

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Malad — DATE OF BURIAL: June 3 1912

20. UNDERTAKER: D E Johnson — ADDRESS: Malad

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2141
Registered No. 47

1. PLACE OF DEATH
County of Oneida
City of Malad

Registration District No. 18
Primary Registration District No. 2069
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	wh	single

6. DATE OF BIRTH: May (Month) 21 (Day) 1907 (Year)

7. AGE: 4 yrs. 11 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Wm H. Thomas

11. BIRTHPLACE OF FATHER (State or Country) U. S.

12. MAIDEN NAME OF MOTHER Ann Reynolds

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Thomas
(Address) Malad Idaho

15.
Filed May 20 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 15 1912.
that I last saw h is alive on May 13 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) hypostatic pneumonia
..... (Duration) ..... yrs. ..... mos. 2 ds.
(Signed) D C Ray M. D.
May 16 1912 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho — DATE OF BURIAL: May 18 1912

20. UNDERTAKER: D E Johnson — ADDRESS: Malad Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Custer
City of Mackay (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2167

File No. 2142
Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Warner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Wh.	

6. DATE OF BIRTH: May (Month) 30 (Day) 1911 (Year)

7. AGE: ..... yrs. 10 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER John M Warner.

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Ellura Bates.

13. BIRTHPLACE OF MOTHER (State or Country) Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. P. Richards
(Address) Mackay, Idaho.

15.
Filed 5/21 1912 C. L. Kirtley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19" 1912, to Mch 19" 1912 that I last saw h[illegible] alive on March 19" 1912 and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Pulmonary ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Francis P. Richards - M. D.

Mch 20 1912 (Address) Mackay, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mackay Cemetery. DATE OF BURIAL: Mch 21, 1912

20. UNDERTAKER: Farnum & Jones ADDRESS: Leslie, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2143
Registered No. #15

1. PLACE OF DEATH.
County of Custer
City of Mackay (No. ..... St.)
Registration District No. 14
Primary Registration District No. 3037

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Young.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May (Month) 12 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mackay, Idaho.

10. NAME OF FATHER: Wesley O. Young.

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Pearl Norman

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. P. Richards Md
(Address) Mackay Idaho

15. Filed June 3rd 1912 — C. L. Kirtley, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1912, to May 12 1912 that I last saw him alive on May 12 1912 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Intussusception.

..... (Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) Prolonged birth.
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F. P. Richards M. D.
..... 19 ..... (Address) Mackay Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Houston Ida
DATE OF BURIAL: 5/25 1912

20. UNDERTAKER: Friends
ADDRESS: Lisle, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2144
Registered No. 16

1. PLACE OF DEATH.
County of Challis.
City of Custer
(No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2061

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Hooker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1828 (Year)

7. AGE: 84 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Prospector
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): N. Carolina

10. NAME OF FATHER: X

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. L. Hartley
(Address) Challis, Ida.

15.
Filed June 7th. 1912 C. L. Hartley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 7th. 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1912, to June 7th.-12 191
that I last saw him alive on June 6th.-12 191
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Fibrosis of Lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. L. Hartley M. D.
June 7th 1912 (Address) Challis Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the County poor house 6 months
State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Challis, Ida.
DATE OF BURIAL: 6/8/12 191

20. UNDERTAKER: none
ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Post Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

File No. 2145
Registered No. 66
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Flemming Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Married (Write the word.)

6. DATE OF BIRTH: May 13th 1854 (Month) (Day) (Year)

7. AGE: 57 yrs. 0 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Locomotive Engineer
(b) General nature of industry business or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Flemming Reynolds

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Elizabeth Barnes

13. BIRTHPLACE OF MOTHER (State or Country): New York Stat[illegible]

14. THE ABOVE IS TRUE TO THE BEST OF MY KN[illegible]GE
(Informant) Mrs. George E. [illegible]
(Address) Post Falls, Ida.

15.
Filed 6/10 1912 D O Dr[illegible]n
Loc[illegible]trar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 30th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1912, to May 30th 1912 that I last saw him alive on May 30, 1912, and that death occurred on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. F. Tem Brook M. D.
May 31, 1912 (Address) Post Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Post Falls — DATE OF BURIAL: June 1, 1912

20. UNDERTAKER: C. R. Kloff — ADDRESS: Kootenai

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS. BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2146
Registered No. 62

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum

Registration District No. 12
Primary Registration District No. 2051.
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: January 13. (Month) (Day) 1855 (Year)

7. AGE: 57 yrs. 5 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Clayton Co, O.

10. NAME OF FATHER: John Lieman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth Meyer

13. BIRTHPLACE OF MOTHER (State or Country): Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Thomas
(Address) Rathdrum, Ida

15. Filed 6/10 191... D D Drennen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 23rd (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20. 1912, to May 23. 1912
that I last saw h[illegible] alive on May 23. 1912
and that death occurred on the date stated above, at 9.30 P. M.
The CAUSE OF DEATH* was as follows:
Hemiplegia, dur. & Phlebitis of left leg
..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Typhoid fever
..... (Duration) ..... yrs. 2 mos. 3 ds.
(Signed) Frank Wing M. D.
5/24. 1912 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum Ida — DATE OF BURIAL: 5/25 1912

20. UNDERTAKER: Robb & Son — ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2117
Registered No. 56

1. PLACE OF DEATH.
County of Kootenai
City of Athol,
Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laura Burroughs.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: Apr. (Month) 2. (Day) 1843 (Year)

7. AGE: 69 yrs. 1 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Andrew P. Webster

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Lorissa N. Bartlett

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Burroughs
(Address) Athol, Ida.

15. Filed 6/10 1912 D. D. Drennen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 5th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Ap. 29. 1912, to May 5th 1912
that I last saw h[er] alive on Apr. 29. 1912
and that death occurred on the date stated above, at 6. P. M.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart
Subsequent to Mitral Insufficiency

(Duration) 4 yrs. — mos. — ds.
Contributory (Secondary) Acute Pleuritis
(Duration) — yrs. — mos. 8 ds.

(Signed) Frank Wenig M. D.
5/6 1912 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Athol
DATE OF BURIAL ..... 191...

20. UNDERTAKER: Mr Kloepf, Rathdrum, sent coffin.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF Vital Statistics
Bureau of Vital Statistics

File No. 2148

Registered No. 54

1. PLACE OF DEATH.
County of Kootenais
City of Post Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jean Netaline Elton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April 25th 1912
(Month) (Day) (Year)

7. AGE: ✓ yrs. ✓ mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Maurice Browning Elton

11. BIRTHPLACE OF FATHER (State or Country): New Jersey

12. MAIDEN NAME OF MOTHER: Mary Martha Volkel

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Beatrice Volkel
(Address) Post Falls, Idaho.

15. A. D. Brenner
Filed 6/10 1912
Thos J Russell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 2nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5:30 p.m. May 2, 1912, to 7 p.m. May 2, 1912; that I last saw her alive on May 2d, 1912, and that death occurred on the date stated above, at 8 p.m. M.

The CAUSE OF DEATH* was as follows:

Prematyre baby. A Seven months' baby.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. J. Ten Brook, M. D.

May 2, 1912 (Address) Post Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane — DATE OF BURIAL: May 3 1912

20. UNDERTAKER: None Known — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 12
Primary Registration District No. 1603
(No. ....., ... St.)

File No. 2147
Registered No. 64

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant of Jas Mullen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH May (Month) 26 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. 1½ ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Jas. Mullen

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Vera Harman

13. BIRTHPLACE OF MOTHER (State or Country) Vir.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V L Harman
(Address) 1602 Forest C d'A

15.
Filed 6/10 1912 D D Drennen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1912, to May 28 1912 that I last saw h-r alive on May 27 1912 and that death occurred on the date stated above, at 2 00 A.M.

The CAUSE OF DEATH* was as follows:
Unknown

..... (Duration) — yrs. — mos. 0½ ds.

Contributory (Secondary) —
..... (Duration) — yrs. — mos. — ds.

(Signed) W H Holden M. D.
May 28 1912 (Address) Coeur d Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Forest Cem — DATE OF BURIAL 5/28 1912

20. UNDERTAKER Caverly & Nelson — ADDRESS Coeur D Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. SOISL 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d Alene

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

File No. 2150
Registered No. 65 -

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza M Comsworth

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1838 (Year)

7. AGE: 74 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Niles Bishop

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Allen
(Address) Coeur d Alene

15.
Filed 6/1.0 1912 O O Grennell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1911, to May 29 1912
that I last saw h- alive on May 29 1912
and that death occurred on the date stated above, at 6-20 P. M.
The CAUSE OF DEATH* was as follows:
Brights Disease

..... (Duration) - yrs. 7 mos. - ds.
Contributory (Secondary) -
..... (Duration) - yrs. - mos. - ds.
(Signed) W H Hoeden M. D.
May 29 1912 (Address) Coeur d Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C.D.A — DATE OF BURIAL: May 31 1912

20. UNDERTAKER: D J Lucas — ADDRESS: C.D.A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2151
Registered No. 63

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 12
Primary Registration District No. 1063
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marian Getchell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH Dec. 24 1892 (Month) (Day) (Year)

7. AGE 19 yrs. 5 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mich.

10. NAME OF FATHER R. D. Hazelton

11. BIRTHPLACE OF FATHER (State or Country) Mich.

12. MAIDEN NAME OF MOTHER Emma Stitt

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. C. Getchell
(Address) Hayden Lake Idaho

15. Filed 6/10 1912 DD Drennen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May 28 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 2" 1912, to May 28 1912 that I last saw her alive on May 28 1912 and that death occurred on the date stated above, at 9:45 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

..... (Duration) 1 yrs. 7 mos. ..... ds.
Contributory (Secondary) Meningitis
..... (Duration) — yrs. — mos. 4 ds.

(Signed) W H Stoddard M. D.
May 29 1912 (Address) Coeur d Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem	May 29 1912

20. UNDERTAKER	ADDRESS
Cassidy & Nelson	Coeur D Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2152
Registered No. 60

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Jack Martin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH: May (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Coeur D' Alene

10. NAME OF FATHER Jack Martin

11. BIRTHPLACE OF FATHER (State or Country) Norway

12. MAIDEN NAME OF MOTHER Augusta Hilding

13. BIRTHPLACE OF MOTHER (State or Country) Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jack Martin
(Address) Coeur D' Alene

15.
Filed 6/10 191.... DD Drennen
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1912, to May 14, 1912 that I last saw h..... alive on ..... 191.... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Duryea M. D.
5/15 1912 (Address) C.D.A

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem
DATE OF BURIAL: May 14 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2153
Registered No. 59

1. PLACE OF DEATH.
County of Kootenai
~~City of~~ Blue Creek

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wilhelm Halstead

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1894 (Year)

7. AGE: 18 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: C Halstead

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Annie Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C Halstead
(Address) Blue Creek

15. Filed 6/10 1912 — D D Brennen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 12 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1912, to Mar. 8 1912
that I last saw him alive on Mar 8 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Sarcoma of Pancreas.

..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Allread M. D.
May 13 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Elm C D A
DATE OF BURIAL: May 14 1912

20. UNDERTAKER: S J Swan
ADDRESS: C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2154
Registered No. 55

1. PLACE OF DEATH.
County of Nezperce
City of Grand Ave (No. ....., ... St.)

Registration District No. 12.
Primary Registration District No. 1003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie E Harrison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1876 (Year)

7. AGE
36 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country) Kansas

10. NAME OF FATHER Scott Smith

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Harrison
(Address) Lewiston Idaho

15.
Filed 6/10 1912 D D Brenner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May (Month) 4. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Heart thrombosis
Endocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F. Wing Conner M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston Idaho
DATE OF BURIAL ..... 191....

20. UNDERTAKER: S J Green
ADDRESS: C. W. A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2155
Registered No. 37

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 1613

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert G Fawcett

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1880 (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wis

10. NAME OF FATHER: Adam Fawcett

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A J Wrenlee
(Address) 121 Stevens St Spokane Wn

15. Filed 6/10 1912 DD Brenner Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 5 (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
No doctor in attendance.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash
DATE OF BURIAL: May 9 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: C D'A.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2156
Registered No. 3-8

1. PLACE OF DEATH. Registration District No. 12
County of Lemhi Primary Registration District No. 2118
City of Reservation (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Morris Antelope.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: April 24 1917 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 17 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Drumm, Ida

10. NAME OF FATHER: Morris Antilope

11. BIRTHPLACE OF FATHER (State or Country): Drumm, Ida

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Drumm, Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. 6/10 D. B. Dunmore
Filed May 12 1917 Wm. H. Engle
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 11 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Nod Tonawa
Injured was not attended by physician
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Died since birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Leonard M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet Cemetery. DATE OF BURIAL: May 12 1917

20. UNDERTAKER: None ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2157

1. PLACE OF DEATH. Registration District No. 12.
County of Gooding. Primary Registration District No. 2118
City of Dearmet Mission (No. ....., ... St.)
Registered No. 61.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Juliana Prosper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Indian	Widow

6. DATE OF BIRTH: Jan (Month) 8 (Day) 1906 (Year)

7. AGE: 6 yrs. 4 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Tom Prosper

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Mary

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Prosper
(Address) Desmet, Ida

15. 6/10 2
Filed May 16 1912

D. D. Dennen
Int. ~~Local~~ Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1912, to May 19 1912
that I last saw her alive on May 19 1912
and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:
Tuberculosis, Pulmonary

..... (Duration) — yrs. 10 mos. — ds.
Contributory (Secondary) None
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Collard M. D.
May 21 1912 (Address) Desmet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet Indian Cem. DATE OF BURIAL: 5/20 1912

20. UNDERTAKER: None ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of Landore
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 2011
(No. ....., ... St.)

File No. 2158
Registered No. 80
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Glanlery Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced
6. DATE OF BIRTH: Not known (Month) ..... 1 (Day) ..... (Year)
7. AGE: about 75 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Mining
(b) General nature of industry business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Barth. Wales
10. NAME OF FATHER: William Jones
11. BIRTHPLACE OF FATHER (State or Country): Wales
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (State or Country): Wales
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George A. Jones
(Address) Same place.
15.
Filed 5-30 1912 Bank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from August 1911, to May 5 1912 that I last saw h alive on May 5 1912, and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Neuralgia of Head-superinduced by other troubles incident to age
(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary): Prostate trouble
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. M. Brown M. D.
May 7 1912 (Address) Landore Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bear Cemetery
DATE OF BURIAL: May 7 191...
20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2159
Registered No. 46

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1611
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Malcomb Livingston

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 54 yrs. — mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.P. Ward.
(Address) .....

15. Filed MAY 29 1912 191...
F. Geo Turnley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 28 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1912 to May 28 1912 that I last saw h[e] alive on May 27 1912 and that death occurred on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:
Glioma of brain
.....
.....
(Duration) — yrs. ..... mos. ..... ds.
Contributory (Secondary) None
(Duration) — yrs. ..... mos. ..... ds.

(Signed) Dr. Mowry M. D.
May 29 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 4 mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: May 30 1912

20. UNDERTAKER: H.P. Ward.
ADDRESS: Wallace, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistic

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Standard Mine St.)
File No. 2169
Registered No. 45

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Albert Arguette

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 25 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: timber helper
(b) General nature of industry business or establishment in which employed (or employer): in mine

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: J. E. Arguette

11. BIRTHPLACE OF FATHER (State or Country): not given

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray K Knigbury
(Address) Wallace Ida

15. Filed MAY 29 1912 191... F. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h.. alive on — 191...
and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Caught by a Cave in
in the Standard mine
at Wallace Idaho
Supposed suffocated.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): None
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Mowry Coroner
May 27 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Loyal Wisconsin — DATE OF BURIAL: May 30 1912

20. UNDERTAKER: Bruce G Wardell — ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2161
Registered No. 44

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.
(No. Scott Rooming House St.)

Registration District No. 28
Primary Registration District No. 1011

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wilder Winehart

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: July (Month) 13th (Day) 1867 (Year)

7. AGE: 44 yrs. 10 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Georgia.

10. NAME OF FATHER: George Winehart

11. BIRTHPLACE OF FATHER (State or Country): Not Known.

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. O Ward.
(Address) Wallace, Idaho.

15. Filed MAY 24 1912 191... F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 24th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 22 1912, that I last saw h alive on May 22 1912 and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) Aggravated

(Duration) 3 yrs. 3 mos. ds.

(Signed) Dr. Mowry M. D.

May 24 19 12 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Prov Hosp yrs. mos. ds. In the Wallace Ida State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Mullan

19. PLACE OF BURIAL OR REMOVAL: Mullan Idaho DATE OF BURIAL: May 26 1912

20. UNDERTAKER: H-P. Ward. ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2162
Registered No. 43

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. (No.) Hospital
City of Wallace (No. Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Swan Holmquist

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	Single

6. DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

7. AGE 28 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work. timber worker
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Sweden

10. NAME OF FATHER S. Swans

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr May E Smith
(Address) Wallace

15. Filed May 16, 1912 A. Leo Dempsey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH ..... May (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 1912, to May 12 1912, that I last saw him alive on May 12 1912 and that death occurred on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Uremia
Chr. Parenchymatous Nephritis

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) May E Smith M. D.
May 13 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: Bruce G Mostell — ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2163
Registered No. 42

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.
Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME E. A. Stevens

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year)

7. AGE: 54 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Meat Market.
(b) General nature of industry business or establishment in which employed (or employer): Merchant.

9. BIRTHPLACE (State or Country): England.

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Ward
(Address) Wallace, Ida.

15. Filed MAY 20 1912 191 A. Leadingham Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20 1912, to May 18 1912 that I last saw him alive on May 17 1912 and that death occurred on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* was as follows:

Multiple abscesses of liver

(Duration) ..... yrs. ..... mos. 20 ds.

Contributory (Secondary) Endocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. D. Mowry M. D.

May 20 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 4 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Osborne Ida.

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash. DATE OF BURIAL: May 22 191 2

20. UNDERTAKER: H. C. Ward ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2164
Registered No. 41

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph F. Bodero

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	married

6. DATE OF BIRTH: June (Month) 22 (Day) 1873 (Year)

7. AGE: 39 yrs. 11 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer): Lead and silver quartz mine

9. BIRTHPLACE (State or Country): France

10. NAME OF FATHER: Jeffries Bodero

11. BIRTHPLACE OF FATHER (State or Country): France Year 1828

12. MAIDEN NAME OF MOTHER: Mary Louise Combetto

13. BIRTHPLACE OF MOTHER (State or Country): Marsailles, France Aug 4th. 1832

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sergel Bodero and Mrs. Jos. Bodero
(Address) Mullan, Idaho.

15. Filed MAY 20 1912 191... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Caught by fire from
over the Chutes as
Accidentally
(Duration) Instantaneous
Contributory (Secondary) None
(Duration) — yrs. ... mos. ... ds.
(Signed) Chas R. Mowatt M. D.
May 19 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Logan, Utah — DATE OF BURIAL: May 20 1912

20. UNDERTAKER: Bruce G. Worstell — ADDRESS: Wallace Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2165
Registered No. 40

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1911
(No. Providence Hosp. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. C. C. Edwards

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year): 1

7. AGE: 70 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: not given

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister Superior
(Address) Providence Hospital Wallace

15. Filed May 13, 1912 F. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1912, to May 9 1912
that I last saw her alive on May 9 1912
and that death occurred on the date stated above, at 3 P M
The CAUSE OF DEATH* was as follows:

Cancer Stomach

(Duration) 2 yrs. mos. ds
Contributory (Secondary) Mitral Regurgitation
(Duration) 12 yrs. mos. ds

(Signed) Dr. Mowery M. D.
May 11 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State Providence Hosp. yrs ..... mos ..... ds
Wallace
Where was disease contracted, if not at place of death? .....
Former or usual residence Black Cloud

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: May 13 1912

20. UNDERTAKER: Bruce G. Norstell
ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2166

Registered No. 98

1. PLACE OF DEATH.
County of Bonner
City of Kootenai
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Melvin Carnegie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) — (Day) 1909 (Year)

7. AGE: 2 yrs. + mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bonner County, Ida.

10. NAME OF FATHER: J. C. Carnegie

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Wis. Do

BIRTHPLACE OF MOTHER (State or Country): Wis

...ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
...nt) J. C. Carnegie
...ddress) Kootenai

...27 191 2 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to May 11 1912
that I last saw h... alive on May 11 1912
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Infantile Paralysis
(Acute Anterior Polio Myelitis)

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Possibly wading in Creek
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M McKinnon M. D.
19 12 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint
DATE OF BURIAL: May 13 1912

20. UNDERTAKER: E. M. Brannon
ADDRESS: Sandpoint

BOISE 17143

SERVED FOR BINDING
FADING INK—THIS IS A PERMANENT RECORD.
be carefully supplied. AGE should be stated EXACTLY. PHYSI-
EATH in plain terms, so that it may be properly classified. Exact state-
important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2167
Registered No. 99

1. PLACE OF DEATH.
County of Bonner
City of McArthur

Registration District No. 8
Primary Registration District No. 2034
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME I A Haney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widowed

6. DATE OF BIRTH: Unknown 1 (Month) (Day) (Year)

7. AGE: 60 yrs. 1 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: Unknown.

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O W Haney
(Address) McArthur

15. Filed May 27 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3 1912, to May 26 1912
that I last saw h[illegible] alive on May 2 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Uraemia - following Subacute Nephritis

(Duration) 3 yrs. ..... mos. 3 ds.
Contributory (Secondary) Nephritis & Chronic Interstitial
(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) M McKinnon M. D.
May 27 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: McArthur — DATE OF BURIAL: May 29 1912

20. UNDERTAKER: E M Brauer — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2165
Registered No. 96

1. PLACE OF DEATH.
County of Bonner
City of [illegible]

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Horace F. Swartwood

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widowed

6. DATE OF BIRTH: May (Month) 16 (Day) 1849 (Year)

7. AGE: 63 yrs. 7 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer): Bridge work.

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: H. F. Swartwood

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Swanson
(Address) Sandpoint

15.
Filed May 27 1912 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm. Knapp M. D.
5/3 1912 (Address) Hope Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lakeview
DATE OF BURIAL: 5/5 1912

20. UNDERTAKER [illegible]
ADDRESS: Sandpoint

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Priest River
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 1036
(No. , St.)

File No. 2169
Registered No. 93
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Christina McLathrop

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ (Write the word.): married

6. DATE OF BIRTH: August 5th 1876 (Month) (Day) (Year)

7. AGE: 35 yrs. nine mos. five ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Angus McDonald

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: ~~Christina~~ Mary McDonald

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) Priest River

15. Filed May 10 1912 E Denton McCarthy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30 1912, to May 10 1912 that I last saw h in alive on May 10 1912, and that death occurred on the date stated above, at 11 5a M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. ds.

Contributory (Secondary) Chronic Inter Stitial Nephritis and Puerperal Pregnancy

(Duration) yrs. mos. ds.

(Signed) E Denton McCarthy M. D.

May 10 1912 (Address) Priest River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dacotta — DATE OF BURIAL: 191

20. UNDERTAKER: E M. Brower — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

& Filed Fillout & returns.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2170
Registered No. 95

1. PLACE OF DEATH.
County of Bonner
City of SANDPOINT

Registration District No. 8
Primary Registration District No. 2035
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Blanche Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 18 (Day) 1894 (Year)

7. AGE: 18 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: William W. Long

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Lucy Letter Reed

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ivy W. Long
(Address) Wrenco

15.
Filed May 2) 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5 1912, to May 5 1912
that I last saw her alive on May 5 1912
and that death occurred on the date stated above, at 6 15 A M.

The CAUSE OF DEATH* was as follows:
Uraemic Coma

— (Duration) — yrs. — mos. — ds.
Contributory (Secondary) Childbirth at term
— (Duration) — yrs. — mos. — ds.

(Signed) Fredk W. Didier M. D.
May 6 1912 (Address) Cuelde Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forestmount Cem.
DATE OF BURIAL: 5/7 1912

20. UNDERTAKER: E. W. Brauer
ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2171
Registered No. 74

1. PLACE OF DEATH.
County of Bonner
City of ..... (No. ....., ... St.)
Registration District No. 8
Primary Registration District No. 2633

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Christopher M. Murray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)
6. DATE OF BIRTH: Oct (Month) 3 (Day) 1880 (Year)
7. AGE: 32 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Scotland.
10. NAME OF FATHER: John Murray
11. BIRTHPLACE OF FATHER (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: Margaret Mc Kay.
13. BIRTHPLACE OF MOTHER (State or Country): Scotland.

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
nant) John Murray
Address) Sandpoint.

May 2 191 2 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 18 (Month) (Day) 191 2 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 15 191 , to April 18 191 2
that I last saw h alive on April 18 191 2
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
General tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. P. Strackpoon M. D.
Apr 25 191 2 (Address) Sandpoint Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cem.
DATE OF BURIAL: April 21 191 2
20. UNDERTAKER
ADDRESS: Sandpoint

ERS. BOISE 17143

OR BINDING
—THIS IS A PERMANENT RECORD.
supplied. AGE should be stated EXACTLY. PHYSI-
plain terms, so that it may be properly classified. Exact state-
ant. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2173
Registered No. 17

1. PLACE OF DEATH. Registration District No.
County of Bonner Primary Registration District No.
City of Sandpoint (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Al Kennedy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): S

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 54 yrs. + mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Lumberjack

9. BIRTHPLACE (State or Country): Mich.

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brouwer
(Address) Sandpoint

15. Filed June 8 1917 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 28 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Burns.
Caught in burning building
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H M Knapp M. D.
5/29 1917 (Address) Hope Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lakeview — DATE OF BURIAL: 6/0 1917

20. UNDERTAKER: E M Brouwer — ADDRESS: Sandpoint

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2174
Registered No. 181

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2833

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ed Jansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 48 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Lumberjack

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Do

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brower
(Address) Sandpoint

15. Filed June 8" 1912 M McKinney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Carbolic Acid Poisoning
Suicide
Instant
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Murphy M. D.
5/25/1912 (Address) Sandpoint Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint
DATE OF BURIAL: 6/10 1912

20. UNDERTAKER: E M Brower
ADDRESS: Sandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2176
Registered No. 52

1. PLACE OF DEATH.
County of Bannock.
City of Pocatello (No. ....., ... St.)

Registration District No. 19
Primary Registration District No. 1002

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Cooney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower.

6. DATE OF BIRTH: May (Month) 31 (Day) 1840 (Year)

7. AGE: 72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: John Cooney

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Ellen Burns

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Pat Dwyer.
(Address) Pocatello Ida.

15. Filed 6-3 1912 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20th 1912, to May 31st 1912
that I last saw him alive on May 30th 1912
and that death occurred on the date stated above, at 5:30 P. M.
The CAUSE OF DEATH* was as follows:

Diabetic Coma

Diabetes mellitus (Duration) 2 yrs. 4 mos. ..... ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Cestle M. D.
June 1st 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida
DATE OF BURIAL: June 3 1912

20. UNDERTAKER: P. L. Silver
ADDRESS: Pocatello Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2179
Registered No. 49

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oswald Clayton Mathews

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March (Month) 24 (Day) 1912 (Year)
7. AGE: ..... yrs. 2 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Pocatello Ida
10. NAME OF FATHER: A J Mathews
11. BIRTHPLACE OF FATHER (State or Country): Hyrum Utah
12. MAIDEN NAME OF MOTHER: Hannah Ivorson
13. BIRTHPLACE OF MOTHER (State or Country): Hyrum Ut
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. J. Mathews
(Address) 155 S. 4 av
15. Filed 5/28 1912 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 22 1912, to May 27 1912 that I last saw him alive on May 27 1912 and that death occurred on the date stated above, at 9 30 P. M.
The CAUSE OF DEATH* was as follows:
Pertussis
(Duration) — yrs. 1 mos. — ds.
Contributory (Secondary) Broncho pneumonia
(Duration) — yrs. — mos. 7 ds.
(Signed) W. J. Howard M. D.
May 28 1912 (Address) Dubrick Block

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: .....
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: M. M. Walker
ADDRESS: Pocatello

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2187
Registered No. 118

1. PLACE OF DEATH.
County of Bannock
City of Pocatello.

Registration District No. 19
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Howard Lester Bair

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 21 1846 (Month) (Day) (Year)

7. AGE: 66 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Painter & Paper Hanger
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wooster Ohio

10. NAME OF FATHER: Henry Bair

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Anna Shamp

13. BIRTHPLACE OF MOTHER (State or Country): Wooster Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy P. Bair
(Address) 1006 N. Clark St.

15. Filed 5/24 191 Grace D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1912, to May 24 1912
that I last saw him alive on May 23 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
(a) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Age 66 7
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. J. Howard M. D.
May 24 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt View — DATE OF BURIAL: ..... 191...

20. UNDERTAKER: W. T. Wacker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

2181

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State
BOARD O
Bureau of Vit
File No. 1
Registered No.

1. PLACE OF DEATH. Registration District No. 19
County of Bannock Primary Registration District No. 1002
City of Pocatello (No. Pocatello General Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Margaret L Ganser

If death occurred in stitution or camp gi instead of street and

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced
6. DATE OF BIRTH: Mar (Month) 13 (Day) 1858 (Year)
7. AGE: 54 yrs. 2 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION (a) Trade, profession or particular kind of work: Housewife (b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Wm Hickman
11. BIRTHPLACE OF FATHER (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Hickman
13. BIRTHPLACE OF MOTHER (State or Country): New York
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John McMahon (Address) Pocatello Idaho
15. Filed 5/22 191 Earl Turner

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 20 (Day) 192 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 15 192 to May 20 192 that I last saw h alive on May 20 192 and that death occurred on the date stated above, at 4 45 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia
Primary.

(Duration) [illegible] yrs. mos. ds.
Contributory Cystitis
(Secondary)
(Duration) [illegible] yrs. mos. ds.

(Signed) F Smith Woolley M. D.
May 21 192 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt. View Cem. DATE OF BURIAL: 191

20. UNDERTAKER: [illegible] ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2182
Registered No. 46

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. ....., ... St.)

Registration District No. 19
Primary Registration District No. 1002

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Albert Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Divorced~~

6. DATE OF BIRTH
..... (Month) ..... (Day) 1884 (Year)

7. AGE
28 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry business or establishment in which employed (or employer): O. S. L. R.R. Dining Service

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 5/19 1912 Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May 16 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to ..... 191....
that I last saw h[illegible] alive on dead 191....
and that death occurred on the date stated above, at 11 30 A. M.

The CAUSE OF DEATH* was as follows:
Gun shot wound
inflicted by Edw. Freeman
Homicide
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Hatch M. D.
May 18 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida
DATE OF BURIAL ..... 191....

20. UNDERTAKER: W. W. Wacker
ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2183
Registered No. 45

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Rogiers Lazzerini

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (or Widowed)
6. DATE OF BIRTH: May (Month) 12 (Day) 1862 (Year)
7. AGE: 50 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Sweeper
(b) General nature of industry business or establishment in which employed (or employer): R. R. Shops.
9. BIRTHPLACE (State or Country): Stiava Italy
10. NAME OF FATHER: Carlo Lazzerini
11. BIRTHPLACE OF FATHER (State or Country):
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or Country):
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mike Gales
(Address) Pocatello Ida
15. Filed 5-12 1912 Earl D Jones a. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 12 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Gun shot wound passing through the heart
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O F Leedy M. D.
May 13, 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cem
DATE OF BURIAL: ..... 191...
20. UNDERTAKER: C. M. Wacker
ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVENS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2184
Registered No. 44

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lilly Gladys Schroder

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Sept. (Month) 26 (Day) 1911 (Year)

7. AGE: ..... yrs. 7 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pocatello, Ida

10. NAME OF FATHER: Carl Schroder

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Emilie Paulson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. C. Silver
(Address) Pocatello, Ida

15.
Filed 5/6 191 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/4 1912, to 5/4 1912
that I last saw her alive on 5/4 1912
and that death occurred on the date stated above, at 12.40 P.M.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) TK
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Carl D Jones M. D.
5/6 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida.
DATE OF BURIAL: May 6 1912

20. UNDERTAKER: P. C. Silver
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2185
Registered No. 43

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1609
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME K. Tohlee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Brown
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1881 (Year)

7. AGE: 31 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Japan

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. C. Silver
(Address) Pocatello, Ida

15. Filed 5/6 1912 Earl D. Mann Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1912, to May 4, 1912 that I last saw him alive on May 4, 1912 and that death occurred on the date stated above, at 1 a M.

The CAUSE OF DEATH* was as follows:
Gun shot wound through right side of thorax & chest

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. F. Leach M. D.
May 4 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida. DATE OF BURIAL: May 6 1912

20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bingham
City of Blackfoot
(No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2053

File No. 2187
Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Nov (Month) 4 (Day) 1833 (Year)

7. AGE: 78 yrs. 6 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Stokabbott England

10. NAME OF FATHER: William Davis

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Lucy Davis

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. A. Davis
(Address) Shelley R.F.D. No. 2.

15.
Filed May 6 1912 — M E Patric — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1907, to May 3 1912
that I last saw him alive on May 3 1912
and that death occurred on the 5th of May 1912, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Debility - old age and failing heart
(Duration) 4 yrs. 5 mos. 28 ds.
Contributory (Secondary) Fall Stone
(Duration) 4 yrs. 5 mos. 28 ds.
(Signed) M E Patric M. D.
May 6 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Anthony Idaho
DATE OF BURIAL: May 8 1912

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 13
Primary Registration District No. 2053
File No. 2188
Registered No. 32

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. Idaho Insane Asylum St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME David Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ——— (Month) (Day) 1842 (Year)

7. AGE: 70 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wales

10. NAME OF FATHER: ———

11. BIRTHPLACE OF FATHER (State or Country): ———

12. MAIDEN NAME OF MOTHER: ———

13. BIRTHPLACE OF MOTHER (State or Country): ———

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A Poole
(Address) Blackfoot Idaho

15. Filed May 11 1912 W. E. Pierce Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1911, to May 10 1912 that I last saw h[im] alive on May 10 1912, and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

0

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) Francis A Poole M. D.

19... (Address) ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. 7 mos. 17 ds. In the State 30 yrs. ... mos. ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence Albion, Idaho

19. PLACE OF BURIAL OR REMOVAL: Asylum Cemetery
DATE OF BURIAL: May 11 1912

20. UNDERTAKER: F A Poole Mtd Supt.
ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2189
Registered No. 33

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum)

2. FULL NAME Theophile E. Picotte, jr

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ? (Month) ? (Day) 1869 (Year)

7. AGE: 43 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances A Poole
(Address) Blackfoot, Idaho

15. Filed May 15 1917 — M E Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 14 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1917, to May 14 1917
that I last saw him alive on May 14 1917
and that death occurred on the date stated above, at 11 a. M.
The CAUSE OF DEATH* was as follows:
Acute lobar pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frances A Poole M. D.
May 14 1917 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 20 yrs. 5 mos. 7 ds. In the State 73 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Hailey, Idaho

19. PLACE OF BURIAL OR REMOVAL: Asylum Cemetery — DATE OF BURIAL: May 15 1917

20. UNDERTAKER: F A Poole, Mgr. Dept — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2190
Registered No. 34

1. PLACE OF DEATH
County of Bingham
City of Blackfoot (No. ....., ... St.)
Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harold Durrial Sorenson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: May (Month) 14 (Day) 1912 (Year)

7. AGE: 3 yrs. 9 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Jens L Sorenson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Malinie Beyland

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jens L Sorenson
(Address) .....

15. Filed May 15 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ last saw him alive on ..... 191..., to death ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Runaway. Runaway team of horses. Instantly Killed by Kicks on head
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. E. Patrie M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Groveland — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: Jens L Sorenson — ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2191
Registered No. 35

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. 183 N. Bridge St.)
Registration District No. 13
Primary Registration District No. 1007

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank V. Sullivan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: ? 1 (Month) (Day) (Year)
7. AGE: 29 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: Frank V Sullivan
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Mrs Dan Sullivan
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Patrick
(Address) Blackfoot Ida
15. Filed May 2 1912 M. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 20th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 26 1912, to May 20 1912 that I last saw him alive on May 18 1912 and that death occurred on the date stated above, at 9a M.
The CAUSE OF DEATH* was as follows:
Pneumonia-Lobar
(Left)
(Duration) yrs. mos. 25 ds.
Contributory (Secondary) Pyaemia
(Duration) yrs. mos. 10 ds.
(Signed) M. E. Patrick M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ever Fairview Ohio
DATE OF BURIAL: 191
20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2192
Registered No. 36

1. PLACE OF DEATH. Registration District No. 43
County of Bingham Primary Registration District No. 2033
City of Blackfoot (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wendy C Fackrell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Sept (Month) 22 (Day) 1895 (Year)
7. AGE: 16 yrs. 8 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Fernando S Fackrell
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Eliza Sorenson
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Karl S Fackrell
(Address) Blackfoot Idaho
15. Filed May 27 1912 — M E Pabie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 21 1912, to May 27 1912
that I last saw him alive on May 24 1912
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Valvular disease heart
Mitral insufficiency
(Duration) 4 yrs. ..... mos. ..... ds.
Contributory (Secondary) Bright's disease
(Duration) ..... yrs. 6 mos. ..... ds.
(Signed) M E Pabie M. D.
May 27 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? No
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Riverside Thomas Cem — DATE OF BURIAL: May 28 1912
20. UNDERTAKER: Karl S Fackrell — ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 213
Registered No. 37

1. PLACE OF DEATH
County of Brigham
City of Moreland (No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Furniss

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: ..... yrs. / mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Moreland Idaho

10. NAME OF FATHER: Frederick Furniss

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Clarice M. McNeal

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas L. Furniss
(Address) Moreland Idaho

15. Filed May 27 1912 M. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Unmolested 191.
~~that I last saw her alive on~~ 191.
and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Inanition

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. E. Patrie M. D.
May 27 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moreland Cem — DATE OF BURIAL: May 27 1912

20. UNDERTAKER: Thomas L. Furniss — ADDRESS: Blackfoot

R 7.10 x 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

[redacted] of Idaho

OF HEALTH
Vital Statistics

2194

City of Blackfoot (No. ..... St.) Registered No. 38

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Arnolphus Lee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May (Month) 15th (Day) 1898 (Year)

7. AGE: 14 yrs. ..... mos. 16 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Salt Lake City, Utah

10. NAME OF FATHER: William A Lee

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Lillyon Seaton

13. BIRTHPLACE OF MOTHER (State or Country): Evanston, Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William A Lee
(Address) Blackfoot Idaho

15.
Filed May 31 1912 M. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Immediately after shot 191 , to ~~died~~ 191
~~that I last saw h~~ alive on May 30 1912
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Gun shot wound of head - accidental by himself. Instant death
~~(Duration)~~ ..... ~~yrs.~~ ~~mos.~~ ~~ds.~~
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. E. Patrie M. D.
19 ..... (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ft. City Cem. Blackfoot — DATE OF BURIAL: June 6 1912

20. UNDERTAKER: E J Ruck — ADDRESS: Blackfoot

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Coroners Inquest held finding of June 1st as above
E J Ruck Coroner.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2196
Registered No. 16

1. PLACE OF DEATH.
County of [illegible]
City of [illegible]
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ellen A Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: 1 (Month) 4 (Day) 1843 (Year)

7. AGE: 69 yrs. 2 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: Geo Chapin

11. BIRTHPLACE OF FATHER (State or Country): U S

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John A Brown
(Address) [illegible]

15.
Filed 7-24-1917 Elsie B Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 4 (Month) 1 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/30 191[illegible], to 4/1 191[illegible]
that I last saw h[illegible] alive on 3/30 191[illegible]
and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Apoplexy
(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. C. Jaggard M. D.
4-1 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: [illegible]
DATE OF BURIAL: 4/4 191[illegible]

20. UNDERTAKER: P E Keeler
ADDRESS: [illegible]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V, S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 32
County of Lewis Primary Registration District No. 2127
City of Nezperce (No. ....., ... St.)
File No. 2197
Registered No. 77

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Georgie Gerard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January (Month) 3 (Day) 1911 (Year)

7. AGE: 1 yrs. 4 mos. 0 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Fred E. Gerard

11. BIRTHPLACE OF FATHER (State or Country): New Hampshire

12. MAIDEN NAME OF MOTHER: Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Nezperce

15. Filed 5-24 1912 Elsie B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1912, to May 2 1912 that I last saw him alive on May 2 1912 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia

7 ds. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Kelley M. D.
May 3 1912 (Address) Nezperce Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce Cemetery
DATE OF BURIAL: May 3 1912

20. UNDERTAKER: O. C. Keller
ADDRESS: Nezperce

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 219
Registered No. 18

1. PLACE OF DEATH.
County of Lewis
City of Ilo

Registration District No. 32
Primary Registration District No. 2137
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E. Randall,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: October (Month) 12 (Day) 1839 (Year)

7. AGE: 72 yrs. 6 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: John Hayes

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Rilla wells

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John W. Randall
(Address) Ilo. Idaho

15.
Filed 6-4-1912 Elton B. Rogers. Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1911, to May 8 1912
that I last saw her alive on May 6 1912
and that death occurred on the date stated above, at 8 P M,
The CAUSE OF DEATH* was as follows:

apoplexy

..... (Duration) * yrs. 6 mos. ..... ds.
Contributory arterial sclerosis
(Secondary)
..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) H. C. Parrish M. D.
5-5-1912 (Address) Ilo, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. DATE OF BURIAL: May 9 1912

20. UNDERTAKER: Ilo Hdw + Impl Co ADDRESS: Ilo, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 219
Registered No. 19

1. PLACE OF DEATH.
County of Lewis
City of Nezperce
Registration District No. 32
Primary Registration District No. 217
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Never named

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: 2 (Month) IO (Day) 1912 (Year)

7. AGE: ..... yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho, Lewis

10. NAME OF FATHER: B. J. Backlund

11. BIRTHPLACE OF FATHER (State or Country): Minn.

12. MAIDEN NAME OF MOTHER: Orpha Fox

13. BIRTHPLACE OF MOTHER (State or Country): Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. J. Backlund
(Address) Nezperce, Idaho

15. Filed 5-24- 1912 Elbert B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 5 (Month) I6 (Day) 2 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/2 1912, to 5/2 1912 that I last saw him alive on 5/I4 1912 and that death occurred on the date stated above, at IIP. M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. G. J. Hoage M. D.

May 21 19 12 (Address) Nezperce

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ala. Idaho
DATE OF BURIAL: May 17 1912

20. UNDERTAKER: P. E. Miller
ADDRESS: Nezperce

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2200
Registered No. 20

1. PLACE OF DEATH.
County of Lemhi
City of Leadore
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Le Roy Howard Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	Single

6. DATE OF BIRTH: 3 (Month) 6 (Day) 19?

7. AGE: ..... yrs. 2 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Fred Smith

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Swartz

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Smith
(Address) Leadore

15. Filed 5-24 1912. Elsie B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 5 (Month) 18 (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth 191?, to March 191?
that I last saw him alive on May 16 191?
and that death occurred on the date stated above, at 11 P.M.
The CAUSE OF DEATH* was as follows:
Whooping Cough
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Pulmonary Tuberculosis Birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. G. Jeffreys M. D.
5/21 19 1? (Address) Leadore

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Leadore — DATE OF BURIAL: 5/19 191?

20. UNDERTAKER: P. E. Nielsen — ADDRESS: Leadore

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2201

Registered No. 24

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2002

~~City of~~ ~~No.~~ Near Duncan Ada Co ~~St.~~

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elizabeth H. Chase

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Feb. (Month) 2 (Day) 1825 (Year)

7. AGE: 87 yrs. 3 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Alabama

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Am.

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Am.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martin M Burk
(Address) Boise R.D. # 3

15. Filed May 8, 1912. G. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ was notified ~~101 to~~ of death ~~101~~ ~~that I last saw h alive on~~ May 7th 1912 and that death occurred on the date stated above, at 7.50 P. M.

The CAUSE OF DEATH* was as follows:
Stroke of Paralysis at 11.10 A.M. May 8th 1912 Heart cause cancerous ulcer same according to Statement of Martin Burk with whom she lived for 26 years she being the mother of his wife. No Doctor in attendance.
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary)
(Signed) Adolph Schreiber Coroner
May 8 1912 (Address) Ada Co Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery — DATE OF BURIAL: May 10 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2202
Registered No. 25

1. PLACE OF DEATH. Registration District No. 1
County of Ada
City of Boise (No. 8th & Euclid St. / Primary Registration District No. 2004 / Boise St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hosea B. Shaw

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 12 1850 (Month) (Day) (Year)

7. AGE: 62 yrs. 2 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Joseph Shaw

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Sarah Cascade

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W I Bozman
(Address) Cortez Colo

15. Filed May 24 1912 E. V. Shawhan, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 21 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h.....m alive on May 21 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Callen M. D.
May 24 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF [illegible]: May 25 1912

20. UNDERTAKER: Foy & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2203
Registered No. 26

1. PLACE OF DEATH. Registration District No. 1
County of Ada — Primary Registration District No. 2004
City of Boise — (No. Soldiers Home St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Solomon Baker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

7. AGE: 72 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Civil War
(b) General nature of industry business or establishment in which employed (or employer): Veteran

9. BIRTHPLACE (State or Country): Not Known

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home

15. Filed May 25, 1912 — E. E. Shawhan, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1910, to May 25 1912 that I last saw h[illegible] alive on 22 May 1912 and that death occurred on the date stated above, at 7:30 A M

The CAUSE OF DEATH* was as follows:
Senility

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) Fred A. Tallmen M. D
5/25 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery — DATE OF BURIAL: May 26 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1

County of Ada Primary Registration District No. 2081 File No. 2204

City of — (No. 10 Miles N E Star Idaho) Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named as yet C C Wright

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 11 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: (No. infant)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ada Co. Idaho.

10. NAME OF FATHER: C C Wright

11. BIRTHPLACE OF FATHER (State or Country): W. Virginia

12. MAIDEN NAME OF MOTHER: Blanz Langdon

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Cundiff
(Address) Middleton

15. Filed Apr 14 1912 J E Naugle Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 11 1912, to Apr 12 1912 that I last saw her alive on Apr 12 1912, and that death occurred on the date stated above, at 9.66 P. M.

The CAUSE OF DEATH* was as follows: Immaturity (7½ Mo)

(Duration) — yrs. — mos. 1 ds.

Contributory (Secondary): None

(Duration) — yrs. — mos. — ds.

(Signed) J. E. Naugle M. D.

Apr 14 1912 (Address) Star Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Star Cemetery — DATE OF BURIAL: April 14 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: 737 Jefferson Boise Idaho

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

May 11, 1912 G. E. Shawhan

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2206
Registered No. 29

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2003
City of Meridian (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME. Howard McMullen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feby. 5 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. 5 mos. 5 weeks
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ada Co. Idaho

10. NAME OF FATHER: Walter L McMullen

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Eddie I Parker

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Neal
(Address) Meridian

15. Filed 9/12 1912 C. L. Dutton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 11 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1912, to March 11 1912 that I last saw him alive on March 10 1912, and that death occurred on the date stated above, at 3.50 P.M.

The CAUSE OF DEATH* was as follows:
Bronchitis
..... (Duration) ..... yrs. ..... mos. 5 days
Contributory (Secondary) Cold
..... (Duration) ..... yrs. ..... mos. 6 days

(Signed) J. F. Neal M. D.
March 12 1912 (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery — DATE OF BURIAL: 3/12 1912

20. UNDERTAKER: None — ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...YER-VON CO., PRINTERS & RULERS, BOISE, IDA.

June 6, 1912 E. E. Shawhan

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. S 2207
Registered No. 30

1. PLACE OF DEATH.
County of Ada
City of Meridian (No. ....., ... St.)
Registration District No. 1
Primary Registration District No. 2003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Julia A Gregory

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: ~~April~~ July 27 1847 (Month) (Day) (Year)
7. AGE: 70 yrs. 9 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Putnam Co Ind
10. NAME OF FATHER: Holseclaw
11. BIRTHPLACE OF FATHER (State or Country): Do not Know
12. MAIDEN NAME OF MOTHER: Do not Know
13. BIRTHPLACE OF MOTHER (State or Country): Do not Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C E Gregory
(Address) Meridian Ada R.D.1
15. Filed 4-21st 1912 C L Sutton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 21 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 20 1912, to April 21 1912 that I last saw her alive on April 20 1912 and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) ✓
(Duration) ✓ yrs. ✓ mos. ✓ ds.
(Signed) Frank W Hawe M. D.
April 21 1912 (Address) Meridian Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery — DATE OF BURIAL: 4/21 1912
20. UNDERTAKER: J. M. Anderson — ADDRESS: Mer —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

June 6, 1912, G E Strawhan

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2208
Registered No. 31

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2003
City of Meridian (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carl C. Whitley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Apr. (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 24 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Meridian Idaho

10. NAME OF FATHER: Amos Whitley

11. BIRTHPLACE OF FATHER (State or Country): Nebr. Illinois

12. MAIDEN NAME OF MOTHER: Meddie Whitley

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. F. Neal
(Address) Meridian

15. Filed 4-29- 1912 C. L. Dutton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Apr. 29 1912
that I last saw h— alive on —— 191...,
and that death occurred on the date stated above, at 6.30 P. M.

The CAUSE OF DEATH* was as follows:
Poss. Perforation of Typhoid Ulcer

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
— (Duration) — yrs. — mos. — ds.

(Signed) S. F. Neal M. D.
Apr 29 1912 (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetery DATE OF BURIAL: 4-30- 1912

20. UNDERTAKER: J. M. Anderson ADDRESS: Meridian

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

June 6, 1912 G. E. Shawhan

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2003

City of Meridian (No. ....., ... St.)

File No. 2201

Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Newland N Nash

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Male	White	Married

6. DATE OF BIRTH

Apr 12 1842
(Month) (Day) (Year)

7. AGE

70 yrs. — mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Retired

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) New York.

10. NAME OF FATHER John Nash

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Polly Emmerson

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Neal N. Nash

(Address) Meridian

15.

Filed May-10-1912 C. L. Sutton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

May 10 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1912 to May 10 1912

that I last saw him alive on May 9 1912

and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 2 yrs. mos. ds.

Contributory —

(Secondary)

— (Duration) — yrs. mos. ds.

(Signed) H. F. Neal M. D.

May 10 1912 (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Meridian Cemetery	5/11 1912
20. UNDERTAKER	ADDRESS
None	

June 6, 1912 G. E. Shawhan

SYMS-YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Lincoln Primary Registration District No. 2016
City of Shoshone (No. ....., ... St.)
File No. 2210
Registered No. 96
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Juan Bilbao
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Spanish
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Not known ..... 1 (Month) (Day) (Year)

7. AGE: 33 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Bermeo Vizcaya Spain

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Manuel Berria
(Address) Shoshone, Ida.

15. Filed 5/6 1912 Chas. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1916, to June 5 1912 that I last saw h.. alive on June 4 1912, and that death occurred on the date stated above, at 12 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Cardiac Failure
(Duration) — yrs. — mos. — ds.
(Signed) Chas. F. Zeller M. D.
6/6 1912 (Address) Shoshone, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
of death
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshone Cemetery — DATE OF BURIAL: June 6 1912

20. UNDERTAKER: O. J. Barman — ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2211
Registered No. 87

1. PLACE OF DEATH.
County of Lincoln
City of Dietrich

Registration District No. 6
Primary Registration District No. 2016
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harriett Louise Matson.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Nov. (Month) 7 (Day) 1911 (Year)

7. AGE: ..... yrs. 6 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Dietrich Lincoln Co. Idaho

10. NAME OF FATHER: John Isadore Matson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Elvie Seavoe.

13. BIRTHPLACE OF MOTHER (State or Country): Windsor Co. Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Alma Matson
(Address) .....

15. Filed June 1 1912 C. H. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on May 29 th 1912
and that death occurred on the date stated above, at 5 a. M.
The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. 2 6 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. S. Lighthall M. D.
..... 19... (Address) Dietrich Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Buried on Ranch DATE OF BURIAL ..... 191...

20. UNDERTAKER at Dietrich ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. F 2214
Registered No. 52

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. 5 Snake River Ave. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Glenn Bowlin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Nov. (Month) 1 (Day) 09 (Year)

7. AGE: 2 yrs. 7 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Paradise Ore,

10. NAME OF FATHER: John E. Bowlin

11. BIRTHPLACE OF FATHER (State or Country): Kentuckey

12. MAIDEN NAME OF MOTHER: Ida. Barns

13. BIRTHPLACE OF MOTHER (State or Country): Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Cox
(Address) Lewiston Ida.

15.
Filed 6-10 1912
L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 1912 to May 7 1912
that I last saw him alive on May 7 1912
and that death occurred on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:
Kicked by horse - died
suddenly.

(Duration) one hr. yrs. mos. ds.
Contributory (Secondary) Concussion of brain and cerebral hemorrhage.
(Duration) one yrs. mos. ds.

(Signed) L. J. Perkins M. D.
May 8 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: May 9 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2215
Registered No. 33

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John B Hooley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH: Sept (Month) 9 (Day) 1868 (Year)

7. AGE: 43 yrs. 7 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer & Freman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Neb

10. NAME OF FATHER: Jeff Hooley

11. BIRTHPLACE OF FATHER (State or Country): dont Know

12. MAIDEN NAME OF MOTHER: Lydie ——

13. BIRTHPLACE OF MOTHER (State or Country): dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.D. Gibson
(Address) Grangeville Ida.

15. Filed 5-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1912, to May 8 1912
that I last saw him alive on May 8 1912
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia (Probably chronic)

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Uremia Convulsions
(Secondary)
..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Paul M. Livingston M. D.
May 9 1912 (Address) Clarkston Wash

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Do not know
Former or usual residence Grangeville Idaho

19. PLACE OF BURIAL OR REMOVAL: Tammany — DATE OF BURIAL: May 10 1912

20. UNDERTAKER: C J Vassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. F 221.
Registered No. 34

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Betsy Reckling

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan ~~Mar~~ 22 ~~14~~ 1860 ~~1870~~
(Month) (Day) (Year)

7. AGE: 52 yrs. 3 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri - Stone County.

10. NAME OF FATHER: J. S. Wilson.

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Betsy Hines.

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Fannie Harris.
(Address) 922 Main St Lewiston Ida.
5-10-1912
191...
D. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to May 10 1912
that I last saw her alive on May 10 1912
and that death occurred on the date stated above, at 9-15 P. M.

The CAUSE OF DEATH* was as follows:
Emaciation

..... (Duration) — yrs. One mos. — ds.
Contributory (Secondary) Asthenia cachexia & Bed Sore
..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) D. J. Perkins M. D.
May 11 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: May 13 1912

20. UNDERTAKER: C. J. Vassar — ADDRESS: Lewiston

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

16

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 221
Registered No. 35

1. PLACE OF DEATH.
County of Lewis
City of Lewiston
Registration District No.
Primary Registration District No. 1009
(No. 313, Snake River Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elmer Eugene Neel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 14 (Day) 12 (Year)

7. AGE: ..... yrs. 1 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ida. Kootenai Co

10. NAME OF FATHER: Eugene Neel

11. BIRTHPLACE OF FATHER (State or Country): Ida.

12. MAIDEN NAME OF MOTHER: Nettie Wheaby

13. BIRTHPLACE OF MOTHER (State or Country): Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sadie Kerr
(Address) Lewiston

15. Filed 6-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8th 1912, to May 18 1912
that I last saw him alive on May 17 1912
and that death occurred on the date stated above, at 7-30 A.M.

The CAUSE OF DEATH* was as follows:
Hookey Cowyn

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Convulsions
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. H. Bruyer M. D.
May 18 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: May 19 1912

20. UNDERTAKER: C. J. Hodson
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 221
Registered No. 56

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. , Poor Farm St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Carle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar (Month) 8 (Day) 1826 (Year)

7. AGE: 86 yrs. 2 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: He did not know

11. BIRTHPLACE OF FATHER (State or Country): " " " "

12. MAIDEN NAME OF MOTHER: " " " "

13. BIRTHPLACE OF MOTHER (State or Country): " " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. Branahan
(Address) Lewiston Ida

15. Filed 6-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1911, to Date 191
that I last saw h[illegible] alive on May 22 1912
and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Simply old age

(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. J. Branahan M. D.
19 (Address) Supt Co. Hosp.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston Ida
DATE OF BURIAL: May 23 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M 7-24-11

CERTIFICATE OF DEATH

Registration District No. ~~2077~~ 16

Primary Registration District No. 2074

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2210
Registered No. 59

1. PLACE OF DEATH.
County of Nez Perce
City of Agatha (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Boyd Parks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: September 8 1843 (Month) (Day) (Year)

7. AGE: 68 yrs. 8 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer (retired 7 yrs.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: Daniel Parks

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Sarah Parks

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Nancy Parks
(Address) Agatha Idaho.

15.
Filed 5-24-1912 E. E. Watts
6-10-1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 1912, to May 22 1912 that I last saw h*im* alive on May 22 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Obstinate constipation and Debility with Bronchitis
..... (Duration) ..... yrs. ..... mos. 19 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S P Hunt M. D.
May 22 1912 (Address) Agatha, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Summerside
DATE OF BURIAL ..... 191...

20. UNDERTAKER: W E Studland
ADDRESS: Giffords Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2220
Registered No. 38

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
Registration District No. 16
Primary Registration District No. 1009
(No. 227, Idaho St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret A. Fox

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: (Month) January (Day) 1, 1846 (Year)

7. AGE: 63 yrs. 9 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nashville Tenn.

10. NAME OF FATHER: S. H. Johnston

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. J. Cox
(Address) Seattle, Wn

15. Filed 6-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1912, to May 22 1912 that I last saw her alive on May 22 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 2 ds.

Contributory (Secondary): Failure of Respiration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Perkins M. D.

May 23 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston — DATE OF BURIAL: May 24 1912

20. UNDERTAKER: C. J. Vassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2221
Registered No. 59

1. PLACE OF DEATH.
County of Nez Perce
City of ..... (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009

2. FULL NAME Salvador Graco.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Italian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 13 (Day) 12 (Year)

7. AGE: — yrs. — mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: Joe Graco

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Mary Pacora

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Sperry
(Address) Lewiston

15. Filed 6-10 1912 L. J. Parkin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1912, to May 25 1912 that I last saw him dead alive on May 25th 1912 and that death occurred on the date stated above, at 6-30 P.M.

The CAUSE OF DEATH* was as follows:
Intestinal Intention

(Duration) ..... yrs. ..... mos. 11 ds.

Contributory (Secondary)
(Duration) — yrs. — mos. 11 ds.

(Signed) O. C. Canaan M. D.
May 25 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: May 25 1912

20. UNDERTAKER: C J Vasan
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2222
Registered No. 60

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 2117
City of Lewiston (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Delbert Taylor

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 21 (Day) 1895 (Year)

7. AGE: 16 yrs. 5 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Neb

10. NAME OF FATHER: Amos Taylor

11. BIRTHPLACE OF FATHER (State or Country): Neb

12. MAIDEN NAME OF MOTHER: Mary Fosler

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amos Taylor
(Address) Grace Idaho

15. Filed May 27 1912 John N. Kelly Local Registrar
6-10-1912 R.J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1912, to May 25 1912
that I last saw h[illegible] alive on 25 May 1912
and that death occurred on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Lesion of the accident
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John N. Kelly M. D.
May 26 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: May 27 1912

20. UNDERTAKER: C. J. Vassar — ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17145

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2223
Registered No. 61

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 2nd & C. St.)

Registration District No. 16
Primary Registration District No. 1609

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dennis Holland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 66 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Hotel

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Emmerthwaite
(Address) Lewiston

15. Filed 6-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10 1912, to May 11th 1912 that I last saw him alive on May 11th 1912 and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic Int. Nephritis
..... (Duration) — yrs. — mos. — ds.
(Signed) J. F. Hartman M. D.
May 7 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: May 28 1912

20. UNDERTAKER: C J Vasan
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2224
Registered No. 62

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Ellen Ewall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 5 (Month) 26 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 5 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: Raymond Ewall

11. BIRTHPLACE OF FATHER (State or Country): Lewiston, Idaho

12. MAIDEN NAME OF MOTHER: Retha Hilks

13. BIRTHPLACE OF MOTHER (State or Country): Ore.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. A. Todd
(Address) Lewiston Ida

15. Filed 6-10 1912 R. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26" 1912, to May 31" 1912, that I last saw her alive on May 31" 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) — yrs. — mos. 5 ds.

Contributory (Secondary) Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elizabeth A. Todd M. D.

June 1" 1912. (Address) Lewiston, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston Idaho
DATE OF BURIAL: June 12- 1912

20. UNDERTAKER: C. J. Vorasan
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form [redacted] TH

1. [redacted] Registration District No. 214

Bureau of Vital Statistics

County of Bear Lake Primary Registration District No. 2094

File No. 2225

City of ..... (No. ....., ... St.)

Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marguerite Anglia Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct. (Month) 20 (Day) 1911 (Year)

7. AGE: ..... yrs. 6 mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Bear Lake

10. NAME OF FATHER: N.P. Nelson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Josephine Peterson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N.P. Nelson
(Address) Ovid

15. Filed May 11 1912 J.H. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 6 (Day) 1912 (Year)

I HEREBY CERTIFY, That I attended deceased from May 5 1912, to May 5 1912
that I last saw him alive on May 5 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Bronchitis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Cause
(Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ashley H. Cooley M. D.
May 7 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ovid Ida
DATE OF BURIAL: May 8 1912

20. UNDERTAKER: None
ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2094
City of Ovid (No. ....., ... St.)
File No. 2220
Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gertrude Maria Catherine Bergesen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): M

6. DATE OF BIRTH: March (Month) 14 (Day) 1838 (Year)

7. AGE: 54 yrs. 1 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: F. P. Bish

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Hannah Bish

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE
(Informant) Hannah Petterson
(Address) Ovid Idaho.

15.
Filed May 15 1912 J. W. Hayward
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1912, to May 2 1912
that I last saw h[illegible] alive on May 2 1912
and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Cerebral tumor

(Duration) not known yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. W. Hayward M. D.
May 5 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ovid Idaho
DATE OF BURIAL: May 10 1912

20. UNDERTAKER: P. Lindsay
ADDRESS: Ovid Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2098.
City of Montpelier Idaho (No. ....., ... St.)
File No. 2227
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William E. Smeath

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Aug 9th 1905
(Month) (Day) (Year)

7. AGE 6 yrs. 8 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Jas. Chas. Smeath

11. BIRTHPLACE OF FATHER (State or Country) London, Eng.

12. MAIDEN NAME OF MOTHER Frances Bowon

13. BIRTHPLACE OF MOTHER (State or Country) Logan, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. C. Smeath
(Address) Montpelier

15. Filed May 16 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May 11 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1911, to May 11th 1912
that I last saw him alive on May 9th 1912
and that death occurred on the date stated above, at 12-25 M.

The CAUSE OF DEATH* was as follows:
Meningitis (Cerebral)

..... (Duration) ..... yrs. 1 mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
May 13th 1912. (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 6 yrs. 8 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Montpelier — DATE OF BURIAL May 13th 1912.

20. UNDERTAKER Vincent — ADDRESS Montpelier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bear Lake — Registration District No. 24
City of Montpelier — Primary Registration District No. 2098
(No. ....., ... St.)
File No. 2228
Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Marie Sellstrom

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6. DATE OF BIRTH: Feby (Month) 10 (Day) 1834 (Year)

7. AGE: 78 yrs. 3 mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Lars Pearson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Anna Pearson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laurence Sellstrom
(Address) Salt Lake City Utah

15. Filed May 9 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 9 1912, that I last saw her alive on 5-8th-1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Senile decay

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Hemorrhage from Bowel
..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. M. Poynter M. D.
5-11-1912 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 3 mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier
DATE OF BURIAL: 5/12 1912

20. UNDERTAKER: Vincent
ADDRESS: Montpelier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2234
Registered No. 22

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 7097
City of Bennington (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Rody Thornton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Unknown 1
(Month) (Day) (Year)

7. AGE Unknown yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work Rancher
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ky.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Worrell
(Address) Bennington Idaho

15. Filed May 11 1912 J. M. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 11th 1912, to May 4th 1912
that I last saw him alive on May 4th 1912
and that death occurred on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
Tuberculosis
(Duration) 10 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. O. Poynter M. D.
5-5-1912 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, ...
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Bennington — DATE OF BURIAL 5-6 1912

20. UNDERTAKER Joe Tuttle — ADDRESS Montpelier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2231
Registered No. 25

1. PLACE OF DEATH.
County of Bear Lake
City of Paris (No. ....., ... St.)
Registration District No. 24
Primary Registration District No. 2092
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Paul Bingle
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: May (Month) 24 (Day) 1912 (Year)
7. AGE: ..... yrs. 1 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business or establishment in which employed (or employer): /
9. BIRTHPLACE (State or Country): Bear Lake Co
10. NAME OF FATHER: Fred L. Bingle
11. BIRTHPLACE OF FATHER (State or Country): Bear Lake Co
12. MAIDEN NAME OF MOTHER: Lottie Pace
13. BIRTHPLACE OF MOTHER (State or Country): Bear Lake Co
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred L. Bingle
(Address) Paris - Ida
15. Filed May 26 1912 J. M. Sheppard Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 22 1912, to May 24 1912
that I last saw her alive on May 23 1912
and that death occurred on the date stated above, at 11 M.
The CAUSE OF DEATH* was as follows:
Broncho-Pneumonia
(Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Congenital atelectasis
(Duration) ..... yrs. 1 mos. 2 ds.
(Signed) W. D. Colby M. D.
May 24 1912 (Address) Paris Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paris
DATE OF BURIAL: May 26 1912
20. UNDERTAKER: None
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2232
Registered No. 26

1. PLACE OF DEATH.
County of Bear Lake
City of ..... (No. ....., ... St.)

Registration District No. 24
Primary Registration District No. 2092

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Earl Ringel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 23 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bear Lake Co

10. NAME OF FATHER: Fred L. Ringel

11. BIRTHPLACE OF FATHER (State or Country): Bear Lake Co

12. MAIDEN NAME OF MOTHER: Lottie Price

13. BIRTHPLACE OF MOTHER (State or Country): Bear Lake Co

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred L. Ringel
(Address) Paris Idd

15. Filed May 26 1912 J. M. Maynard Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 1912
that I last saw h.m alive on May 22 1912
and that death occurred on the date stated above, at 5 P M.
The CAUSE OF DEATH* was as follows:

Pneumonia
Strangulated Umbilical accident
(Duration) — yrs. — mos. 4 hours ds.
Contributory —
(Secondary)
— (Duration) — yrs. — mos. — ds.
(Signed) A P Cooley M. D.
May 24 1912 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Paris Idaho
DATE OF BURIAL: May 27 1912

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 24
Primary Registration District No. 2094
File No. 223
Registered No. 27

1. PLACE OF DEATH.
County of Bear Lake
City of Ovid (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ida Jane Weaver

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug 21st 1891 (Month) (Day) (Year)

7. AGE: 20 yrs. 9 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Fred. Sleight

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Kelsey

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace W Weaver
(Address) Bennington

15. Filed June 2 1912 J W Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1912 to May 28 1912 that I last saw her alive on May 28 1912 and that death occurred on the date stated above, at 7:30 M.

The CAUSE OF DEATH* was as follows: Appendicitis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Abscess
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ashley J Eadler M. D.
May 29 1912 (Address) Evanston Wyo

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 21 yrs. 9 mos. 7 ds. In the State 21 yrs. 9 mos. 7 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bennington — DATE OF BURIAL: 5-30-1912

20. UNDERTAKER: None — ADDRESS: None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2X
County of Bear Lake Primary Registration District No. 2093
City of Liberty (No. ....., ... St.)
File No. 2234
Registered No. 78

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME David Morgan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Sept. (Month) 12 (Day) 1866 (Year)

7. AGE 44 yrs. 7 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER E. S. Morgan

11. BIRTHPLACE OF FATHER (State or Country) Wales

12. MAIDEN NAME OF MOTHER Margaret Roberts

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. R. Morgan
(Address) Liberty Idaho

15. Filed May 11 1912 Jos. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Progressive Muscular atrophy
(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Injury
(Duration) 5 yrs. ..... mos. ..... ds.
(Signed) They had no physician M. D.
within 19 months of death
(Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Liberty Ida. DATE OF BURIAL May 12 1912

20. UNDERTAKER W. R. Morgan ADDRESS Liberty

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2235
Registered No. 19

1. PLACE OF DEATH.
County of Cassia
City of Burley

Registration District No. 31
Primary Registration District No. 21 2d
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Kenney Toone

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 4 (Day) 1869 (Year)

7. AGE: 42 yrs. 11 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer): Farming

9. BIRTHPLACE (State or Country): Morgan Co. Utah

10. NAME OF FATHER: Charles J. Toone

11. BIRTHPLACE OF FATHER (State or Country): Lemington England

12. MAIDEN NAME OF MOTHER: Sarah R. Squires

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles J. Toone 6/2.
(Address) 116 Fairbanks St. Salt Lake City Utah.

15.
Filed June 8 1917 P B Eccles Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19th 1912, to May 25th 1912
that I last saw h~~im~~ alive on May 27th 1912
and that death occurred on the date stated above, at 335 A.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
May 29th 1912 (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City
DATE OF BURIAL ..... 191...

20. UNDERTAKER: L. B. Gallogly
ADDRESS: Burley Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2124
(No. ....., ... St.)

File No. 2236
Registered No. 20
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Jefferson Love

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: May (Month) 20 (Day) 1830 (Year)

7. AGE: 81 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Morgan Co. Ohio

10. NAME OF FATHER: William Love

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: " " "

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hanna Love
(Address) Burley Ida.

15.
Filed June 8 1917
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1912, to Apr. 28" 1912
that I last saw h[illegible] alive on Apr 28" 1912
and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:
Probably heart failure
Died from Apoplexy
and was dead when
found
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) A severe cold
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R. I. Stone M. D.
5-5- 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida
DATE OF BURIAL: May 6 1912

20. UNDERTAKER: L. B. Gallogly
ADDRESS: Burley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2124
(No. ....., ... St.)

File No. 2237
Registered No. 21
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Judd

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	~~Write the word.~~

6. DATE OF BIRTH
May (Month) 25 (Day) 1912 (Year)

7. AGE
..... yrs. ..... mos. ½ ds.
IF LESS than 1 day how many 12 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Burley, Idaho.

10. NAME OF FATHER L. H. Judd

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Eliza Lambert

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. H. Judd
(Address) Burley, Idaho.

15.
Filed June 8 1912 B. F. Stockdale
Local Registrar

~~No~~ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1912, to May 25 1912 that I last saw h~~im~~ alive on May 25 1912, and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Premature Birth
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. C. Patterson M. D.
May 25 1912 (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Burley, Idaho
DATE OF BURIAL May 26th 1912

20. UNDERTAKER None
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Naf.
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 213

File No. 2238
Registered No. 24
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Letitia Dunn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Infant

6. DATE OF BIRTH: February 7 1911
(Month) (Day) (Year)

7. AGE: One yrs. ..... mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) College Cache Co. Utah

10. NAME OF FATHER Levi Dunn

11. BIRTHPLACE OF FATHER (State or Country) Milville" Cache Co. Utah

12. MAIDEN NAME OF MOTHER Mary Ann Miller

13. BIRTHPLACE OF MOTHER (State or Country) Wellsville Cache Co. Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Benjamin Willmore
(Address) Cardington Farm Naf Idaho

15.
Filed May 20 1912 L. B. Stoddard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 5 P.M. 1912, to April 20 2 P.M. 1912, that I last saw her alive on April 20 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Acute Pheumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs. Sarah O. Gunnell Munro M. D.
19..... (Address) Bridge Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Homestead of Father
DATE OF BURIAL: April 24 1912

20. UNDERTAKER: Francis Gunnell
ADDRESS: Bridge Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2230
Registered No. 18

1. PLACE OF DEATH.
County of Cassia
City of Marion
Registration District No. 31
Primary Registration District No. 2126
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Smith Matthews

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: (Write the word.) Married

6. DATE OF BIRTH: Feb (Month) 9 (Day) 1862 (Year)

7. AGE: 50 yrs. 1 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Wm Matthews

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Eleanor Smith

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Farley Matthews
(Address) Oakley Idaho

15. Filed May 1 1912
W B Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 8 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30 1912, to April 8 1912
that I last saw him alive on April 8 1912
and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A H Wilson M. D.

19.... (Address) Oakley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Marion
DATE OF BURIAL: Apr

20. UNDERTAKER: None
ADDRESS:

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2240
Registered No. 22

1. PLACE OF DEATH.
County of Cassia
City of Marion
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2126
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jenny Briggs Bales

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Dec. (Month) 19 (Day) 1879 (Year)
7. AGE: 32 yrs. 4 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Tennessee
10. NAME OF FATHER: Bud L Briggs
11. BIRTHPLACE OF FATHER (State or Country): North Carolina
12. MAIDEN NAME OF MOTHER: Susie Gentry
13. BIRTHPLACE OF MOTHER (State or Country): North Carolina
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. B. A. Bales
(Address) Marion Idaho
15. Filed June 1 1917 L. Boettger Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 15 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 15 1917, that I last saw her alive on May 12 1917 and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Breast
don't know
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. F. Wiebe M. D.
May 17 1917 (Address) Marion Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Marion
DATE OF BURIAL: May 17 1917
20. UNDERTAKER: Mrs. C. Clark
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Oakley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2126
(No. ....., ... St.)

File No. 2241
Registered No. 23
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frances A Sharp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed
6. DATE OF BIRTH: April (Month) 18 (Day) 851 (Year)
7. AGE: 61 yrs. 3 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER:
11. BIRTHPLACE OF FATHER (State or Country):
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or Country):
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Nielson
(Address) Oakley Idaho
15. Filed June 1 1912 B B Rockwell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 1912, to May 7 1912, that I last saw her alive on May 7 1912 and that death occurred on the date stated above, at 10a M.
The CAUSE OF DEATH* was as follows: Carcinoma of Liver
don't know
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. A. Nielson M. D.
May 16 1912 (Address) Oakley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: A.F. Anthony — DATE OF BURIAL: May 19 1912

20. UNDERTAKER: W. G. Goodman — ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Filer

Registration District No. 23
Primary Registration District No. 2086
(No. ....., ... St.)

File No. 2242
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stella Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 5-14 (Month) (Day) 19?? (Year)

7. AGE: ..... yrs. ..... mos. 1 hr. ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ida

10. NAME OF FATHER: Marion Young

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Stella Beckelhaupt

13. BIRTHPLACE OF MOTHER (State or Country): Nash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marion Young
(Address) Filer

15. Filed 5/14 191? Dr. A A Newberry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 14 (Month) (Day) 191?

17. I HEREBY CERTIFY, That I attended deceased from May 14 191?, to May 14 191? that I last saw her alive on May 14 191? and that death occurred on the date stated above, at 8:20 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity 7 mo

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. A A Newberry M. D.
5-[redacted] 19? (Address) Filer Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida
DATE OF BURIAL: 5/14 191?

20. UNDERTAKER: None
ADDRESS: -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Filer

Registration District No. 23
Primary Registration District No. 2086
(No. ....., ... St.)

File No. 2243
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arletta Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 5 ds.
IF LESS than 1 day how many 13 hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ida

10. NAME OF FATHER: Marion Young

11. BIRTHPLACE OF FATHER (State or Country): Escalante Utah

12. MAIDEN NAME OF MOTHER: Stella Beckelhaupt

13. BIRTHPLACE OF MOTHER (State or Country): Medical Lake Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marion Young
(Address) Filer

15. Filed May 20 1912 — John T. Coughlin, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1912, to May 19 1912, that I last saw h[illegible] alive on May 18 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity. 7 mo

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A A Newberry M. D.
5-19 1912 (Address) Filer, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer - Ida
DATE OF BURIAL: 5-19 1912

20. UNDERTAKER: - None -
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YO[illegible] & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2244
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls

Registration District No. 23
Primary Registration District No. 7085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Whitney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Single

6. DATE OF BIRTH May (Month) 12 (Day) 1913 (Year)

7. AGE ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 1 hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls, Idaho.

10. NAME OF FATHER Elza Newton Whitney

11. BIRTHPLACE OF FATHER (State or Country) Indianola, Iowa

12. MAIDEN NAME OF MOTHER Jessie Bell Newman

13. BIRTHPLACE OF MOTHER (State or Country) Richmond, Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B.C. Sawyer
(Address) Twin Falls, Idaho.

15. Filed May 12 1913. John E. English Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May (Month) 13 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1913, to May 13 1913
that I last saw him alive on May 13 1913
and that death occurred on the date stated above, at 1:30 P. M.
The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) B.C. Sawyer M. D.
May 12 1913 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: May 13 1913

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2245
Registered No.

1. PLACE OF DEATH. Registration District No. 23
County of Twin Falls Primary Registration District No. 2085
City of " " (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jessie D. Wellbury

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Nov (Month) 11 (Day) 1870 (Year)
7. AGE: 41 yrs. 6 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife.
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Wayne Co Ind.
10. NAME OF FATHER: John Newman
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Francis Larch
13. BIRTHPLACE OF MOTHER (State or Country): Indiana
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elza H. Wellbury
(Address) Twin Falls Ida.
15.
Filed May 22 1912 John T. Boyle Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 20 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to May 20 1912
that I last saw h[er] alive on May 20 1912
and that death occurred on the date stated above, at 2:15 P M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) B. C. Lawyer M. D.
May 22 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: May 22 1912
20. UNDERTAKER: F. J. Grossman — ADDRESS: T. F. Ida.

ment of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2085.
(No. ....., ... St.)

File No. 2246
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ester Shindledecker Pitney

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: May 25th'12 1 (Month) (Day) (Year)

7. AGE: 48 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Wm. Shindledecker

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Sarah Drake

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G W Shindledecker
(Address) Twin Falls.

15. Filed May 27 1912 John T. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1912, to May 25 1912, that I last saw h.r alive on May 25 1912, and that death occurred on the date stated above, at 10.30 M.

The CAUSE OF DEATH* was as follows:
Uraemic Poisoning, following operation for gall stones.

(Duration) — yrs. ..... mos. 10 ds.
Contributory Gall stones
(Secondary)
(Duration) 20 yrs. 1 mos. ..... ds.

(Signed) H W Wilson M. D.
May 25 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Twin Falls Cem	May 27 1912

20. UNDERTAKER	ADDRESS
C. J. Crosby	Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Burke

Registration District No. 2087 23
Primary Registration District No. 2087
(No. ....., ... St.)

File No. 2247
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oscar Gass.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH: May (Month) 8 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Burke

10. NAME OF FATHER Walter Gass

11. BIRTHPLACE OF FATHER (State or Country) Belleville Ill.

12. MAIDEN NAME OF MOTHER Julia Kling

13. BIRTHPLACE OF MOTHER (State or Country) Belleville Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Gass
(Address) Burke.

15. Filed May 16 1912 J. W. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8 1912, to May 15 1912 that I last saw him alive on May 15 1912 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Baby died suddenly

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Wallbaum M. D.
May 16 1912 (Address) Burke Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burke — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: N. B. Evans — ADDRESS: Burke Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2087
File No. 2248
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of 7 5.4 Jr west. Buhl Ida
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME E. L. Todd

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: 2 (Month) 18 (Day) 1879 (Year)

7. AGE: 34 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fentress Co. Tenn

10. NAME OF FATHER: W. J. Todd

11. BIRTHPLACE OF FATHER (State or Country): Va

12. MAIDEN NAME OF MOTHER: Miss Miller

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): A. W. Todd
(Address): Buhl Idaho

15.
Filed 5-31 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 5 (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-30 1912, to 191
that I last saw h[illegible] alive on 5-30 1912
and that death occurred on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:
Auto Intoxication

(Duration) yrs. mos. 3 ds.
Contributory (Secondary) Injury received About 4-30-12
(Duration) yrs. mos. ds.

(Signed) J. H. Merfley M. D.
5-31 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Filer Ida. DATE OF BURIAL: 6-1 1912

20. UNDERTAKER: H. B. Evans ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2210
Registered No. 29

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 1460
City of Weiser (No. Josephine Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jessie Bernadine Koontz

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 17 (Day) 1899 (Year)

7. AGE: 12 yrs. 7 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Prescott Wash

10. NAME OF FATHER: E. L. Koontz

11. BIRTHPLACE OF FATHER (State or Country): State of Missouri

12. MAIDEN NAME OF MOTHER: Katie Newbill

13. BIRTHPLACE OF MOTHER (State or Country): State of Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Koontz
(Address) Council, Ida.

15.
Filed May 6 1912 D. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1912, to May 5 1912
that I last saw h er alive on May 5 1912
and that death occurred on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:
Suppression of Urine following
Closure of bowel Under anesthesia,
following Paralytic Ileus following Appendicular abscess
& Appendicitis
(Duration) one yrs. — mos. — ds.
Contributory (Secondary) Chronic Appendicitis
(Duration) 1 yrs. — mos. — ds.
(Signed) S. B. Dudley M. D.
5 — 6 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Josephine Hospital In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Council Ida
Former or usual residence Council

19. PLACE OF BURIAL OR REMOVAL: Council Ida
DATE OF BURIAL: May 7 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2251
Registered No. 30

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 2010
(No. ..... Crawford Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Belle Taylor

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 4 (Day) 1873 (Year)

7. AGE: 38 yrs. 8 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Middleton, Ida

10. NAME OF FATHER: H. K. Hartley

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Sarah Paynter

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs H Hartley
(Address) Caldwell Ida

15.
Filed May 9th 1912
W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7th 1912, to May 7th 1912
that I last saw her alive on May 7th 1912
and that death occurred on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:
Shock following Child birth, complicated with uterine hemorrhage.
(Duration) ..... yrs. ..... mos. 2 hours

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C E Emmert M. D.
5/7/12 19 (Address) Weiser Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Weiser Ida.

19. PLACE OF BURIAL OR REMOVAL: Weiser
DATE OF BURIAL: May 9th 1912

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2251
Registered No. 31

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 1010
City of Weiser (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hester W. Cole

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 14 (Day) 1885 (Year)

7. AGE: 27 yrs. 9 mos. 26 ds. IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: W. L. McDaniel

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Ellen Thurston

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph T. Cole.
(Address) Weiser Ida

15. Filed May 10 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1910, to May 10 1912 that I last saw h[illegible] alive on May 10 1912 and that death occurred on the date stated above, at 9 a. M.

The CAUSE OF DEATH* was as follows: Splenomyelogenous Leukemia

..... (Duration) 3 yrs. — mos. 2 ds.

Contributory (Secondary) ~~Cause~~ none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Young M. D.

May 10 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: May 11 1912

20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 2112
File No. 2252
Registered No. 32

1. PLACE OF DEATH.
County of Washington
City of Weiser
R F D No.
(No. 15 miles up Mann Creek)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Mary A. Ledington

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) — 1 (Day) — 1849 (Year)

7. AGE: 62 yrs. 11 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Dekalb Co. Missouri

10. NAME OF FATHER: W. C. Garrett

11. BIRTHPLACE OF FATHER (State or Country): State Kentucky

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): State of Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Ledington
(Address) Mann Creek Weiser, Ida.

15.
Filed May 12th 1912
W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) — 12 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from some time in 1910, to May 1912
that I last saw her alive on April 19th 1912
and that death occurred on the date stated above, at 2 a. M.
The CAUSE OF DEATH* was as follows:
Cortic Sclerosis.

(Duration) Several yrs. mos. ds.
Contributory (Secondary) Dropsy
(Duration) One hour yrs. mos. ds.
(Signed) W. R. Hamilton M. D.
May 12th 1912 (Address) Weiser Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida. Galloway Cemetery
DATE OF BURIAL: May 13 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2253
Registered No. 33

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 2112
City of Weiser R.F.D. No 2 (No. 7 mi, up Monroe Creek St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Artemesia Stover

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) — 5 (Day) — 1850 (Year)

7. AGE: 62 yrs. 3 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Washington Co., Iowa

10. NAME OF FATHER: James Moore

11. BIRTHPLACE OF FATHER (State or Country): State of Illa.

12. MAIDEN NAME OF MOTHER: Nancy Bell

13. BIRTHPLACE OF MOTHER (State or Country): State of Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Will Stover
(Address) Weiser, Ida. R.F.D No 2.

15. Filed May 31st 1912 — M. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1910., to May 30th 1912
that I last saw her alive on May 26th 1912
and that death occurred on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.
(Duration) Several yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) M. R. Hamilton M. D.
May 31st 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Ida. DATE OF BURIAL: June 1 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 2114 16
Primary Registration District No. 2114
(No. ....., ... St.)

File No. 2254
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Corr.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: July (Month) 27 (Day) 1855 (Year)

7. AGE: 56 yrs. 9 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Ranching.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Chas Corr.

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Catharine Straight

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Corr
(Address) Cambridge Ida

15. Filed May 20 1912 C C Schmutz Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 19 1912
that I last saw him alive on May 19 1912
and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Spotted fever

..... (Duration) ..... yrs. ..... mos. 19 ds.

Contributory Tick bite
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C C Schmutz M. D.
May 20 1912 (Address) Cambridge

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cambridge Idaho — DATE OF BURIAL: May 20 1912

20. UNDERTAKER: J A Needleman — ADDRESS: Cambridge Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2255
Registered No. 35.

1. PLACE OF DEATH.
County of Washington
City of Midvale.
(No. ....., ... St.)

Registration District No. 26
Primary Registration District No. 2113

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nancy Elizabeth Weygens

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed.

6. DATE OF BIRTH: ~~February 19~~ May 19 1837
(Month) (Day) (Year)

7. AGE: 75 yrs. 3 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housekeeper
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: Geo Weygens.

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Unknown.

13. BIRTHPLACE OF MOTHER (State or Country): Unknown.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas Swasby.
(Address) Cambridge Idaho.

15. Filed May 29 1912 - Dr F A Schmutz
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 28 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1912, to May 28 1912
that I last saw her alive on May 27 1912
and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:
Spotted fever.

..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory Tick bite
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C F Schmutz M. D.
May 29 1912 (Address) Cambridge Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Midvale.
DATE OF BURIAL: May 29 1912

20. UNDERTAKER: L D Hay.
ADDRESS: Midvale Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2256
Registered No. 53

1. PLACE OF DEATH.
County of Canyon
City of Emmett
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008

2. FULL NAME Stella Ester McLaughlin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	White	Infant

6. DATE OF BIRTH: Dec (Month) 9 (Day) 1910 (Year)

7. AGE: 1 yrs. 5 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ada Co. Idaho

10. NAME OF FATHER: Adopted by Chas McLaughlin from Orphans Home in Boise

11. BIRTHPLACE OF FATHER (State or Country): Parents unknown

12. MAIDEN NAME OF MOTHER: by informant

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas McLaughlin
(Address) Emmett, Idaho

15. Filed 4-7 1912 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 — 1912, to May 14 1912
that I last saw her alive on May 14 1912,
and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:
Bronco Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B O Clark M. D.
May 14 1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodman Cemetery — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

YMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5. 12-6M-7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22
County of Canyon Primary Registration District No. 2008 File No. 2251
City of Nampa, Harrison (No. ....., ... St.) Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martha Malissa Neal

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: August (Month) 10th (Day) 1836 (Year)

7. AGE: 76 yrs. 8 mos. 29 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Stephen Smith

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Harriett Woods

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs R. W. Townsend
(Address) Nampa Idaho

15. Filed May 20 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6th 1912, to May 18th 1912 that I last saw her alive on May 17th 1912 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia, Myocarditis & General Debility

..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) Age & General Weakness
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Crispin Wright M. D.
May 19th 1912 (Address) Fruitland, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: New Plymouth — DATE OF BURIAL: 19 1912

20. UNDERTAKER: James Farley — ADDRESS: Ontario

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2258

Registered No. 25

1. PLACE OF DEATH. Registration District No. 22

County of Boise Primary Registration District No. 2008

~~City of~~ North Fork, Payette No. Rivers, Idaho Northern St.)
extension

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Guiseppe Bautido

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Single

6. DATE OF BIRTH July (Month) 11 (Day) 1887 (Year)

7. AGE 25 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business or establishment in which employed (or employer) Railroad construction

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER Antonio Bautidi

11. BIRTHPLACE OF FATHER (State or Country) Italy.

12. MAIDEN NAME OF MOTHER Angela Barcato

13. BIRTHPLACE OF MOTHER (State or Country) Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. Alfossi
(Address)

15. Filed 5-23 1912 J. J. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1912, to ..... 191.....
that I last saw h~~im~~ alive on May 25 1912
and that death occurred on the date stated above, at 11:00 P.M.

The CAUSE OF DEATH* was as follows:
Compound Depressed Fracture of Skull, struck by Rock from Blast. accidental

..... (Duration) ..... yrs. ..... mos. 1 hour ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Francis A. Goltz M. D.
May 25 1912 (Address) ~~Boise, Ida~~ Mountain Home Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Alpha Ida — DATE OF BURIAL May 26 1912

20. UNDERTAKER By friends — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Moore
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024
(No. ....., ... St.)

File No. 2254
Registered No. 40
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Stephen Tyler Moe.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 27 (Day) 1836 (Year)

7. AGE: 76 yrs. X mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired rancher.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: John Moe

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Augusta Wheelock

13. BIRTHPLACE OF MOTHER (State or Country): New York.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John DB Rogers
(Address) Moore, Idaho.

15. Filed May 30 1912 D W Matthaei M.D. acting Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to May 30 1912 that I last saw him alive on May 24 1912, and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:
Terminal pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Myocarditis & paralysis.
(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) D W Matthaei M. D.
May 30 1912 (Address) Arco, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lost River
DATE OF BURIAL: May 31 1912

20. UNDERTAKER: John DB Rogers
ADDRESS: Moore, Ida.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2022
City of Hailey (No. ....., ... St.)
File No. 2260
Registered No. 39
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Elizabeth Povey
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: April (Month) 21 (Day) 1866 (Year)
[redacted] 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) housewife
9. BIRTHPLACE (State or Country) England
10. NAME OF FATHER Wm. Wilson
11. BIRTHPLACE OF FATHER (State or Country) England
12. MAIDEN NAME OF MOTHER -
13. BIRTHPLACE OF MOTHER (State or Country) -
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Povey
(Address) Hailey
15. Filed May 15 1912 Robert H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 19 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 14 1912, to May 19 1912
that I last saw her alive on May 19 1912,
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:
fatty degeneration of heart
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. F. Rand M. D.
May 21 1912 (Address) Hailey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey Ida — DATE OF BURIAL: 5/21/1912
20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE BECOMES A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 1. Rev. 6-20-11. CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7

County of Blaine Primary Registration District No. 207

File No. 2261

City of Hailey (No. ....., ... St.)

Registered No. 38

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ella Worthington

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 13 (Day) 1837 (Year)

7. AGE: 80 yrs. 3 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W W Worthington

(Address) Blaine Ida

15. Filed 5/17 1917 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 10 1917, that I last saw her alive on May 7 1917, and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Plummer M.D.

17 May 1917 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the Co of Blaine State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence: Idaho

19. PLACE OF BURIAL OR REMOVAL: Hailey Ida — DATE OF BURIAL: 5/17

20. UNDERTAKER: R. D. [illegible]

[illegible] was [illegible] disease, [illegible] 1867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2262
Registered No. 37

1. PLACE OF DEATH.
County of Blaine
City of Soldier
(No. ....., ... St.)

Registration District No. 21
Primary Registration District No. 2023

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rachel S Triggs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH: March (Month) 12 (Day) 1850 (Year)

7. AGE: 62 yrs. 2 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ky

10. NAME OF FATHER Robert Baird

11. BIRTHPLACE OF FATHER (State or Country) Ky.

12. MAIDEN NAME OF MOTHER Elezabeth Crow

13. BIRTHPLACE OF MOTHER (State or Country) Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D P Triggs
(Address) Soldier

15. Filed June 1 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1912, to May 27 1912, that I last saw her alive on May 27 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) Hardening of Arteries and Partial Paralysis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) A Triggs and D P Triggs M. D.

May 28 1912 (Address) Soldier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soldier Ida — DATE OF BURIAL: May 28 1912

20. UNDERTAKER: Ivy Murrell — ADDRESS: Soldier Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2263
Registered No. 36

1. PLACE OF DEATH.
County of Blaine
City of Goldin
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023

2. FULL NAME William R. Daugherty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: May (Month) 30 (Day) 1869 (Year)

7. AGE: 42 yrs. 11 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .... Laborer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER D. C. Daugherty

11. BIRTHPLACE OF FATHER (State or Country) Iowa ?

12. MAIDEN NAME OF MOTHER Mary Mackley

13. BIRTHPLACE OF MOTHER (State or Country) Iowa ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Hansman
(Address) Goldin Ida

15. Filed May 25 1912 Robert Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1912, to May 18 1912 that I last saw him alive on May 17 1912, and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Morphinism & Alcoholism

(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) D P Triggs M. D.

5-19 1912 (Address) Goldin Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Goldin Ida	5-19 1912

20. UNDERTAKER	ADDRESS
Leg Mowrey	Goldin Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2264
Registered No. 35

1. PLACE OF DEATH.
County of Elmore
City of Soldier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 2023
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hiram Mason Wattles

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 13 (Day) 1860 (Year)

7. AGE: 57 yrs. 3 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: W. W. Wattles

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: Emaline ?

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Barkley
(Address) Soldier, Idaho.

15. Filed May 15 1917 Robert H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 15 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to May 15 1917 that I last saw him alive on May 14 1917, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:
Chronic Pancreatitis
Peritonitis

(Duration) ..... yrs. 6 mos. 15 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. A. Stephens M. D.
5-16 1917 (Address) Soldier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Soldier Ida. DATE OF BURIAL: 5-16 1917

20. UNDERTAKER: Ely Monnett ADDRESS: Soldier Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine. Primary Registration District No. 2022
City of Bellevue (No. ....., ... St.)
File No. 2265
Registered No. 34
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Procter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May 6 1917
(Month) (Day) (Year)

7. AGE: ..... yrs. 2 ~~mos.~~ weeks 6 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Bellevue.

10. NAME OF FATHER: R. L. Procter

11. BIRTHPLACE OF FATHER (State or Country): Canada.

12. MAIDEN NAME OF MOTHER: Mabel S. Thomas.

13. BIRTHPLACE OF MOTHER (State or Country): Canada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. L. Procter
(Address) Bellevue Ida

15. Filed June 1 1917 [signature illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 26. 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 26 1917 that I last saw him alive on May 26 1917 and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth & unable to Nurse the child the Mother not being able to Nurse it
(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. 5 Minutes ds.

(Signed) O. J. Allen M. D.
19..... (Address) Bellevue

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Bellevue Ida — DATE OF BURIAL: May 27 1917

20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2022
City of Hailey (No. ..... St.)
File No. 2266
Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ethel Cynthia Young

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Apr (Month) 17 (Day) 1914 (Year)

7. AGE: ✓ yrs. ✓ mos. 14 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hailey Ida

10. NAME OF FATHER: Harvey B. Young

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Mattie Davy

13. BIRTHPLACE OF MOTHER (State or Country): Hailey Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs L. Thamm
(Address) Hailey Ida

15. Filed May 5 1914 Robert H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1 (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 17 1914, to May 1 1914, that I last saw h[illegible] alive on May 1 1914, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert H. Wright M. D.
May 1 1914 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hailey Ida
DATE OF BURIAL: May 1 1914

20. UNDERTAKER: R. D. Harris
ADDRESS: Hailey Ida

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2267
Registered No. 28

1. PLACE OF DEATH.
County of Washington
City or Olds Ferry
Registration District No. 26
Primary Registration District No. 2612
(No. 14 mi; West Weiser St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eli Francis Melton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) – 1 (Day) 1856 (Year)

7. AGE: 54 yrs. 3 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Missouri

10. NAME OF FATHER: Samuel J. Melton

11. BIRTHPLACE OF FATHER (State or Country): State of Indiana

12. MAIDEN NAME OF MOTHER: Elvira Barnett

13. BIRTHPLACE OF MOTHER (State or Country): State of Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Sarah E. Melton
(Address) P.O. Weiser, Idaho.

15.
Filed May 4th 1912
H R Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) – 3 (Day) – 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5th 1912, to May 3rd 1912, that I last saw him alive on May 2nd 1912 and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Rocky Mountain Spotted ~~Fever~~ Fever + Uræmia
Gangrene + Cerebro-Spinal Meningitis
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) E. P. Dudley M. D.
May – 4 – 1912. (Address) Weiser, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser; Ida. DATE OF BURIAL: May-4 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser; Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 226
Registered No. 44

1. PLACE OF DEATH.
County of Idaho
City of ..... (No. ....., ... St.)

Registration District No. 2045
Primary Registration District No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John H Watts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: January (Month) 9th (Day) 1853 (Year)

7. AGE: 59 yrs. 1 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Alexander Ray Watts

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Phoebe P Chester

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Watts
(Address) Wetaskiwin Alberta

15.
Filed May 18th 1912 — G S Stockton, Local Registrar
per Hoskins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Drowning probably suicidal

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B Clarke M. D.
May 18 1912 (Address) Coroner Idaho County Kentucville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Protestant Cemetery — DATE OF BURIAL: May 19 1912

20. UNDERTAKER: Joseph McClaskey — ADDRESS: Cottonwood Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2270

Registered No. 42

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001

2. FULL NAME Francis J. Hettler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Aug. 7 1853 (Month) (Day) (Year)
7. AGE: 58 yrs. 9 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housework
(b) General nature of industry business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Ill.
10. NAME OF FATHER: John Lantzer.
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Hanna Poffenbach.
13. BIRTHPLACE OF MOTHER (State or Country): don't know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Samuel Hettler
(Address) Grangeville, Ida.
15.
Filed May 29 1912 G. S. Strickler Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to May 27 1912 that I last saw her alive on May 20 1912, and that death occurred on the date stated above, at 9 a. M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) don't know yrs. ..... mos. ..... ds.
Contributory (Secondary) Valvular Disease of Heart
(Duration) don't know yrs. ..... mos. ..... ds.
(Signed) G. S. Strickler M. D.
May 29 1912 (Address) Grangeville, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho
DATE OF BURIAL: May 30 1912
20. UNDERTAKER: W. Z. Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 2271
Registered No. 40
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hong Dock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mongolian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Don't Know ..... 1 .....
(Month) (Day) (Year)

7. AGE: 73 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): China

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): China

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): China

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. N. Sluman
(Address) Grangeville

15.
Filed May 23 1912 G. S. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19 1912, to May 19 1912, that I last saw h.m alive on May 19 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Senile Debility
(Duration) — yrs. — mos. 5 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. N. Sluman M. D.
May 23 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: May 20 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2272
Registered No. 39

1. PLACE OF DEATH.
County of Idaho
City of Stites

Registration District No. 10
Primary Registration District No. 2101
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Houston Baldwin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Feb (Month) 10 (Day) 1 10 (Year)

7. AGE: 2 yrs. 2 mos. 16 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Stites Idaho

10. NAME OF FATHER: J M. Baldwin

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Mich

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robt H Baldwin
(Address) Stites Idaho

15. Filed Apr 26 1912 Houston E Snyder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 11:30a M.

The CAUSE OF DEATH* was as follows:
accident crushed by sack of grain falling on him
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Houston E Snyder M. D.
Apr 26 1912 (Address) Stites Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Stites Idaho
DATE OF BURIAL: Apr 26 1912

20. UNDERTAKER: None
ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Kooskia
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101
(No. ....., ... St.)

File No. 2274
Registered No. 37
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Noah Northrup

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: June (Month) 5 (Day) 1911 (Year)
7. AGE: ..... yrs. 11 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country):
10. NAME OF FATHER: Charles E. Northrup
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Mellie Wiggins
13. BIRTHPLACE OF MOTHER (State or Country): Arkansas
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E D Northrup
(Address) Kooskia, Idaho
15.
Filed May 10 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from April 1912, to May 1 1912, that I last saw him alive on April 30 1912, and that death occurred on the date stated above, at 4 a M.
The CAUSE OF DEATH* was as follows:
Enteric colitis.
..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J.M. Verbeck M. D.
May 1 1912 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kooskia
DATE OF BURIAL: May 21 1912
20. UNDERTAKER: M L Bridgham
ADDRESS: Kooskia Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2275
Registered No. 41

1. PLACE OF DEATH.
County of Idaho
City of Grangeville

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
May (Month) 29 (Day) 1912 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Alex H McAlpine

11. BIRTHPLACE OF FATHER (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Jennie Stark

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A H McAlpine
(Address) Grangeville Id

15.
Filed May 29 1912 G. S. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29 1912, to ..... 191...
that I last saw him alive on May 29 1912
and that death occurred on the date stated above, at 11 A. M.
The CAUSE OF DEATH* was as follows:

Suffocation
asphyxia
3 hours
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stockton M. D.
May 29 1912 (Address) Grangeville Id.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: May 29 1912

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2276
Registered No. 69

1. PLACE OF DEATH.
County of Latah
City of Deary
(No. ....., ... St.)

Registration District No. 15
Primary Registration District No. 2068

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Morris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Apr. (Month) 13 (Day) 1832 (Year)
7. AGE: 80 yrs. 1 mos. 11 ds. IF LESS than 1 day how many... hrs. or ... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Kentucky
10. NAME OF FATHER: Isaac Morris
11. BIRTHPLACE OF FATHER (State or Country): Ky.
12. MAIDEN NAME OF MOTHER: Betsy —
13. BIRTHPLACE OF MOTHER (State or Country): Don't Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. C. Morris
(Address) Deary
15. Filed 5/24 1912 O. Faust Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 19 1912, to May 22 1912
that I last saw h. alive on May 22 1912
and that death occurred on the date stated above, at 6:10 M.
The CAUSE OF DEATH* was as follows:
Paralysis
(Duration) 9 yrs. 0 mos. 3 ds.
Contributory (Secondary): old age
(Duration) — yrs. — mos. — ds.
(Signed) O. Faust M. D.
5/24 1912 (Address) Deary Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wild Rose Cemetery — DATE OF BURIAL: 5/25 1912
20. UNDERTAKER: none — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2277
Registered No. 76

1. PLACE OF DEATH
County of Latah
City of Deary
(No. ....., ... St.)
Registration District No. 13
Primary Registration District No. 2068
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ole Hanson Bjerke

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Mar. 25, 1831 (Month) (Day) (Year)
7. AGE: 81 yrs. 1 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Farming
9. BIRTHPLACE (State or Country): Norway
10. NAME OF FATHER: Hans Bjerke
11. BIRTHPLACE OF FATHER (State or Country): Norway
12. MAIDEN NAME OF MOTHER: Dorothy (don't know)
13. BIRTHPLACE OF MOTHER (State or Country): Norway
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. O. Bjerke
(Address) Deary
15. Filed 5/7 1912 P. C. Faust Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 6 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1912, to May 4 1912
that I last saw h.. alive on May 4 1912
and that death occurred on the date stated above, at 8.35 M.
The CAUSE OF DEATH* was as follows:
gangrene
..... (Duration) — yrs. — mos. 25 ds.
Contributory (Secondary) diabetes
..... (Duration) 15 yrs. — mos. — ds.
(Signed) P. C. Faust M. D.
5/7 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Zion cemetery
DATE OF BURIAL: 5/8 1912
20. UNDERTAKER: none
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2278
Registered No. 68

1. PLACE OF DEATH.
County of Latah
City of Park
Registration District No.
Primary Registration District No. 2064
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Sundby

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr (Month) 14 (Day) 1835 (Year)

7. AGE: 77 yrs. 11 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N. Dak

10. NAME OF FATHER: Ole Sundby

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Mollie Davo

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anton Dahl
(Address) Park Ida

15.
Filed June 1 1912 J. E. Hoyt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
3 (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-8 1912, to 3-10 1912 that I last saw him alive on 3-9 1912 and that death occurred on the date stated above, at 4 9 M.

The CAUSE OF DEATH* was as follows:
Gun shot thru neck
shot mself. about 3 P.M.
accident.

(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. E. Hoyt M. D.
March 10 1912 (Address) Kendrick Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Park Ida
DATE OF BURIAL: March 12 1912

20. UNDERTAKER: none
ADDRESS: —

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062

File No. 2270
Registered No. 62

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Freddy Parker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Jan (Month) 25 (Day) 1908 (Year)
7. AGE: 4 yrs. 3 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Non
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): New Salem N. H.
10. NAME OF FATHER: Luis Parker
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Lillian Zinn
13. BIRTHPLACE OF MOTHER (State or Country): New Salem N. H.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lewis Parker
(Address) Cornwell
15. Filed May 20 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 19 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 18 1912, to May 18 1912 that I last saw him alive on May 18 1912, and that death occurred on the date stated above, at 10 P M.
The CAUSE OF DEATH* was as follows:
due to leakage of heart,
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Hatfield M D
May 20 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cornwell
DATE OF BURIAL: May 20 1912
20. UNDERTAKER: Geo Stelz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2280
Registered No. 23

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062

2. FULL NAME Earl Earle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1836 (Year)

7. AGE: 76 yrs. 8 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germaney

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Germaney

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Earle
(Address) Moscow Idaho

15. Filed May 14 191.. D F Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March - 31 - 1912, to May - 12 1912 that I last saw him alive on May - 11 - 1912, and that death occurred on the date stated above, at 6:00 A. M.

The CAUSE OF DEATH* was as follows:
Paralysis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Asthma & Arteriasclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
May-13 1912. (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: May 14 1912

20. UNDERTAKER: Geo Stitz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2281
Registered No. 6-7

1. PLACE OF DEATH.
County of Latah
City of Moscow (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008

2. FULL NAME Permelia M. Little

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: February (Month) 25-K (Day) 1922 (Year)

7. AGE: 90 yrs. 2 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Conn

10. NAME OF FATHER: Woodward

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: — Wright

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida L. Casey
(Address) 213 Monroe St. Moscow, Ida.

15. Filed May 9 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 — 1912, to May 8, 1912 that I last saw h— alive on May 8 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Wilk M. D.
May 8 1912 (Address) Moscow, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: May 10 1912

20. UNDERTAKER: Geo Stelty
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

~~2062~~ 15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. ....., ... St.)

Registration District No. .....
Primary Registration District No. 2062

File No. 2282
Registered No. 62

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Armida Orr

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Sept (Month) 27 (Day) 1857 (Year)

7. AGE: 54 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Bain

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Bain

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs M M Frazier
(Address) Moscow Idaho

15.
Filed May 28 1912 D F Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1912, to May 26 1912, that I last saw h.. alive on About - April 1912 and that death occurred on the date stated above, at 2-30 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 2 about yrs. ..... mos. ..... ds.
Contributory (Secondary) None
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. H. Clarke M. D.
19 ..... (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: May 28 1912

20. UNDERTAKER: Geo Stoltz
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 2283
Registered No. 67
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William S Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower
6. DATE OF BIRTH: June (Month) 11 (Day) 1819 (Year)
7. AGE: 93 yrs. 11 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION: Farmer
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Canada
10. NAME OF FATHER: Elias Brown
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Kathren Morfett
13. BIRTHPLACE OF MOTHER (State or Country): Scotland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas W Brown
(Address) Moscow Ida
15. Filed May 31 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 31 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 29 1912, to May 31 1912, that I last saw h[illegible] alive on May 30 1912, and that death occurred on the date stated above, at 1:30 A.M.
The CAUSE OF DEATH* was as follows:
Senile decay
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. F. Rae M. D.
May 31 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: June 1 1912
20. UNDERTAKER: Geo Stilly
ADDRESS: Moscow

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2284
Registered No. 78

1. PLACE OF DEATH.
County of Latah
City of Palouse Ida

Registration District No. 15.
Primary Registration District No. 2066.
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME. Minnie Layton Leeper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June (Month) 1 (Day) 1878 (Year)

7. AGE: 44 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Oregon

10. NAME OF FATHER John Layton

11. BIRTHPLACE OF FATHER (State or Country) do not Know

12. MAIDEN NAME OF MOTHER do not Know

13. BIRTHPLACE OF MOTHER (State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Doyd Leeper
(Address) Palouse Ida

15.
Filed June 1st 1912 — J.W. Thompson, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31. 1912, to June 1st 1912 that I last saw h[illegible] alive on May 31 1912 and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral [redacted]
..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Bright's disease
..... (Duration) 1 yrs. — mos. — ds.

(Signed) W. W. Harrison M. D.
19..... (Address) Palouse

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Tryon Cemetery — DATE OF BURIAL: June 2 1912

20. UNDERTAKER: C.L. Shaw — ADDRESS: Palouse,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2285
Registered No. 73

1. PLACE OF DEATH.
County of Latah.
City of Potlatch
Registration District No. 15.
Primary Registration District No. 2066
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jeanette Bellmeyer.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: June. (Month) 29. (Day) 1893. (Year)

7. AGE: 18. yrs. 10. mos. 16. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin.

10. NAME OF FATHER: Ed. Cooper.

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Anna. E. Cummings.

13. BIRTHPLACE OF MOTHER (State or Country): Wis.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William. Ponto.
(Address) Potlatch Idaho.

15.
Filed May 11 1912 J. W. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May. (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11. 1912, to May 11 1912
that I last saw her alive on May 10 1912
and that death occurred on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:

Epilepsy. — Died during Epileptic fits —

(Duration) ✓ yrs. 14. mos. ✓ ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. J. W. Thompson M. D.
May 11 1912 (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Palouse. Wash. DATE OF BURIAL: May 13th 1912

20. UNDERTAKER: E. Anderson. ADDRESS: Palouse. Wash.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2286
Registered No. 71

1. PLACE OF DEATH.
County of Kalah
City of Genesee

Registration District No. 15
Primary Registration District No. 2063
(No. ..... , ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sophie Louise Pichman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH 5 (Month) 8 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Baby
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho Kalah Co

10. NAME OF FATHER Sam M Pichman

11. BIRTHPLACE OF FATHER (State or Country) Norway

12. MAIDEN NAME OF MOTHER Laura Larson

13. BIRTHPLACE OF MOTHER (State or Country) Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C F Thorn MD
(Address) Genesee Idaho

15.
Filed 5-15 1912 W. H. Ehrem
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 5 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-8 1912, to 5-11 1912
that I last saw her alive on 5-1 1912
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Convulsions

(Duration) 3 yrs. ..... mos. 3 ds.
Contributory Obstetric Injury
(Secondary)
(Duration) ..... yrs. 1 mos. 3 ds.

(Signed) C F Thorn M. D.
5-13 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Genesee — DATE OF BURIAL 5-12 1912

20. UNDERTAKER S. M. Pickman — ADDRESS Genesee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

File No. 2287
Registered No. 43
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ruth Banner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Apr (Month) 30 (Day) 1911 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Edw. C Banner

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: May Flint

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E C Banner
(Address) Soda Springs R F D 1

15.
Filed May 4 1912 W H Leonard Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 30 1912, to May 3 1912
that I last saw her alive on May 2 1912
and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Malena Neonatorum
.....
.....
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W H Leonard M. D.
May 4 1912. (Address) Soda Springs Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bannock County Indian Creek Cemetery
DATE OF BURIAL: May 4 1912

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2288
Registered No. 44

1. PLACE OF DEATH.
County of Bannock
City of Idaho Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Oct. (Month) 8 (Day) 1872 (Year)

7. AGE: 39 yrs. 4 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: William Thomas.

11. BIRTHPLACE OF FATHER (State or Country): Wales.

12. MAIDEN NAME OF MOTHER: Martha Thomas.

13. BIRTHPLACE OF MOTHER (State or Country): Wales.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Thomas
(Address) Idaho Falls

15. Filed May 7 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to May 5 1912
that I last saw him alive on May 5 1912
and that death occurred on the date stated above, at 11 a. M.

The CAUSE OF DEATH* was as follows:

Peritonitis following
Suction for obstruction
Bowels

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Obstruction bowels

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. R. Sederquist M. D.

May 6 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: May 8 1912

20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2289
Registered No. 45

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elvert Brian

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Sept. 27 1907 (Month) (Day) (Year)

7. AGE: 5 yrs. 8 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: L. M. Brian

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Margaret Brian

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. M. Brian
(Address) .....

15.
Filed May 11 1912 J. E. Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 10 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1912, to May 10 1912, that I last saw her alive on May 10 1912, and that death occurred on the date stated above, at 9 M.

The CAUSE OF DEATH* was as follows:
Septic poisoning
Appendicitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. S. Fuller M. D.
May 11 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby Idaho — DATE OF BURIAL: May 12 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2290
Registered No. 46

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2627
(No. ....., ... St.)

2. FULL NAME Nancy J. Shaw

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 1 (Month) (Day) 1834 (Year)

7. AGE: 77 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Hogan

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph Flemming
(Address) Idaho Falls Ida.

15. Filed May 8 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
May (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1912, to May 7 1912, that I last saw h[illegible] alive on May 7 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Pneumonia
(Duration) ..... yrs. ..... mos. 6 - t ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Fuller M. D.
5/7 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida. DATE OF BURIAL: May 9 1912

20. UNDERTAKER: Clifford C Hayes ADDRESS: Idaho Falls

HYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2291
Registered No. 47

1. PLACE OF DEATH,
County of Boundary
City of Moon
Registration District No. 7
Primary Registration District No. 2029
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Luella Simmons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May (Month) 10 (Day) 1912 (Year)

7. AGE: 2 yrs. mos. 15 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Thos. E. Simmons

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Florence Peterson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Simmons
(Address) .....

15. Filed May 11 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr-20 1912, to May 9 1912
that I last saw h[illegible] alive on May 9 1912
and that death occurred on the date stated above, at 1:30a M.
The CAUSE OF DEATH* was as follows:
Pertussis

..... (Duration) ... yrs. — mos. 2 ds.
Contributory Measles
(Secondary) ..... (Duration) ... yrs. ... mos. 7 ds.
(Signed) W. A. Garrett M. D.
May 10 1912 (Address) Moon Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moon Idaho
DATE OF BURIAL: 5/12 1912

20. UNDERTAKER: G. W. Hurst
ADDRESS: Idaho Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... St.)

File No. 2292
Registered No. 46
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Elmer Doctor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July (Month) 15 (Day) 1842 (Year)
7. AGE: 70 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Wisconsin
10. NAME OF FATHER: John Graham
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (State or Country): " "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. M. Scott
(Address) Idaho Falls Ida.
15.
Filed May 13 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 11 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 8 1912, to May 11 1912
that I last saw her alive on May 10 1912,
and that death occurred on the date stated above, at 4 A. M.
The CAUSE OF DEATH* was as follows: Mitral regurgitation
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Pneumonia
(Duration) ..... yrs. ..... mos. 5 ds.
(Signed) [signature] M. D.
May 11 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rose Hill, Idaho Falls Ida. DATE OF BURIAL: May 13, 1912
20. UNDERTAKER: Stafford & Hayes. ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2294
Registered No. 10

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Lawes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Unknown (Month) ..... 1 (Year) (Day)

7. AGE: 67 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Chas. Tittle

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): — c

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. L. Lawes
(Address) Idaho Falls

15.
Filed May 14 1912
A. Maynard
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 1912, to May 12 1912
that I last saw h[illegible]live on May 12 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. O'Sullivan M. D.
5/14 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: May 14 1912

20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2295
Registered No. J-1

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leonard J. Bradshaw.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1906 (Year)

7. AGE: 6 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Samuel H. Bradshaw.

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Annetta Olson

13. BIRTHPLACE OF MOTHER (State or Country): Norway.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Samuel High Bradshaw
(Address) Idaho Falls Idaho

15. Filed May 14 1912 Jay Emmett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Drowning - Accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. Emmett M. D.
5-14 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Ida — DATE OF BURIAL: 5-15 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2296
Registered No. 1-2

1. PLACE OF DEATH. Registration District No. 7
County of Bannerville Primary Registration District No. 2029
City of Milo (No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Grant Newman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [redacted]
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH [redacted] 17 (Day) 1909 (Year)

7. AGE 2 yrs. 7 mos. ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Milo Ida.

10. NAME OF FATHER Robert Newman

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Violet Manning

13. BIRTHPLACE OF MOTHER (State or Country) Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Hawley
(Address) Idaho Falls Ida.

15.
Filed May 19 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...
that I last saw h... alive on ... 191...,
and that death occurred on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows: Gastro enteritis (?)
(Did not see patient until after death)
(Duration) 12 hours

Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) John O. Millar M. D.
19... (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Milo Ida — DATE OF BURIAL May 19 1912

20. UNDERTAKER Clifford Hayes — ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2298
Registered No. 54
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

Registration District No. 7
Primary Registration District No. 2027

1. PLACE OF DEATH.
County of Bonneville
City of Ammon (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John L. Signon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August —— 1888 (Month) (Day) (Year)

7. AGE: 23 yrs. 9 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farm Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: John L Signon

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ruby Moser
(Address) Ida Falls, Ida

15.
Filed 6/6 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 31 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1912, to May 31, 1912
that I last saw h[illegible] alive on May 30, 1912,
and that death occurred on the date stated above, at 5 A. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. 0 mos. 8 ds.
Contributory (Secondary) Pulmonary Edema
(Duration) ..... yrs. 0 mos. 1 ds.
(Signed) John C Mills M. D.
June 6 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: N. Carolina

19. PLACE OF BURIAL OR REMOVAL: Ammon
DATE OF BURIAL: Ce[illegible] 1912

20. UNDERTAKER: E E Linwood
ADDRESS: Ida Falls

[redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

2299

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 229

Registered No. 64

1. PLACE OF DEATH.
County of Fremont
City of Driggs
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2037

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mabel Irene Crandall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 13 (Month) 1893 (Day) (Year)

7. AGE: 18 yrs. 5 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home with parents
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Frank E. Crandall

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Eliza J. Baxter

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank E. Crandall
(Address) Driggs, Utah

15.
Filed June 10 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 4 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20 1912, to May 4 1912, that I last saw her alive on May 4 1912, and that death occurred on the date stated above, at 5-15 P. M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. P. Crisler M. D.
May 4 1912 (Address) Driggs, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jas. F. Driggs
DATE OF BURIAL: 5-5 1912

20. UNDERTAKER: Driggs, Id.
ADDRESS: Driggs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2300
Registered No. 65

1. PLACE OF DEATH. Registration District No. 7
County of Fremont Primary Registration District No. 2038
City of St. Anthony (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Louis & Ellis Allred
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Mar. 12 (Month) (Day) 1912 (Year)
7. AGE: — yrs. 2 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: L. M. Allred
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Mary Campbell
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Spiers
(Address) St. Anthony
15.
Filed June 10 1912 Ray Hurlbut M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 17 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 7 1912, to May 17 1912 that I last saw him alive on May 16 1912, and that death occurred on the date stated above, at 4 A. M.
The CAUSE OF DEATH* was as follows:
Cardiac Paralysis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Acute Broncho Pneumonia
..... (Duration) ..... yrs. ..... mos. 10 ds.
(Signed) R. R. Maloth M. D.
5-17 1912 (Address) St. Anthony

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death .....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or
usual residence.....

19. PLACE OF BURIAL OR REMOVAL: St. Anthony — DATE OF BURIAL: 5-17 1912
20. UNDERTAKER: W. D. Yager — ADDRESS: St. Anthony

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2301
Registered No. 178

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Rexburg (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victor M. Eischler
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: May 29 1907 (Month) (Day) (Year)

7. AGE: 4 yrs. 8 mos. 2 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Fred Eischler

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Minie Schultz

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. C. Dunsby - M. D.
(Address) Rexburg

15. Filed June 16 1912 Ray H. Rike M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. 31 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1912, to Jan. 31 1912 that I last saw him alive on Jan. 31 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Malignant Scarlet Fever

(Duration) yrs. 1 mos. 6 ds.
Contributory (Secondary) Diabetes
(Duration) yrs. mos. 20 ds.

(Signed) O. C. Dunsby M. D.
May 25 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: Feb. 2 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039 File No. 2302
City of Rexburg (No. ....., ... St.) Registered No. 74

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Belva Simons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W.	Single

6. DATE OF BIRTH: Nov. 8 (Month) 1893 (Day) (Year)

7. AGE: 19 yrs. 6 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: H. B. Simons

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Amanda Sibbet

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Theodore Simons
(Address) Lyman, Idaho

15. Filed 5-18 1912 Ray Tibbetts Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 1912, to May 17 1912
that I last saw her alive on May 17 1912,
and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Migratory Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

Contributory (Secondary) Acute Appendicitis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jos. Walker M. D.

May 20 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Archer — DATE OF BURIAL: 5-19 1912

20. UNDERTAKER: J. R. Young — ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2303

Registered No. 73

1. PLACE OF DEATH.
County of Fremont
City of Sugar
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

2. FULL NAME Ruth Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
F.	W.	

6. DATE OF BIRTH: May (Month) 13 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER J. L. Thomas

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Margaret McConey

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John L. Thomas
(Address) Sugar

15. Filed 5-25 1912 Ray W. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13 1912, to May 23 1912 that I last saw her alive on May 23 1912, and that death occurred on the date stated above, at 12 G. M.

The CAUSE OF DEATH* was as follows:
Congestion of Brain

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Convultions
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Shupe M. D.
May 24 1912 (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg — DATE OF BURIAL: 5-24 1912

20. UNDERTAKER: J. R. Young — ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039 File No. 2304
City of Rexburg (No. ....., ... St.) Registered No. 72
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Eugene Napoleon Cartier
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. 19 (Month) (Day) 1891 (Year)

7. AGE: 20 yrs. 8 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Levi Cartier

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Louisa Cartin

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Louisa Cartier
(Address): Rexburg

15. Filed 5-26 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 25 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1912, to May 25 1912, that I last saw him alive on May 25 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Abdominal phthisis
..... (Duration) ..... yrs. 2 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. A. Crismon M. D.
May 27 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Butte
DATE OF BURIAL ..... 191...

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2305

Registered No. 71

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH

Registration District No. 9

Primary Registration District No. 2039

County of Fremont

City of Redburg (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ernest Kauer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May (Month) 11 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 14 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION

(a) Trade, professsion, or particular kind of work .....

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Ernest F. Kauer

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Rosie Beck

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest F. Kauer

(Address) Redburg

15. Filed May 25 1912 Ray H. Kirk M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....

that I last saw h..... alive on ..... 191....,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pneumonia — probably —

No physician attended

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. A. Eshe M. D.

May 25 1912 (Address) Redburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burton

DATE OF BURIAL: May 26 1912

20. UNDERTAKER: John Phillips

ADDRESS: Redburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2301
Registered No. 70

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
(No. ....., ... St.)
Registration District No. 9
Primary Registration District No. 2039

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gordon Forsyth Walker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: Mar. 1 1906
(Month) (Day) (Year)

7. AGE: 6 yrs. mos. 11 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: Wm. Walker

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Cathina Petersen

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. C. Ormsby M. D.
(Address) Rexburg Idaho

15.
Filed June 10 1912 Ray W. Sims
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar. 12 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9 1912, to Mar. 12 1912 that I last saw him alive on Mar. 12 1912, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Malignant Scarlatina

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. C. Ormsby M. D.
May 25 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello
DATE OF BURIAL: Mar. 14 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 230
Registered No. 877

1. PLACE OF DEATH.
County of Fremont
City of Shelton (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040

2. FULL NAME Elizabeth Connell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: May (Month) 31 (Day) 1856 (Year)

7. AGE: 55 yrs. 11 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Utah

10. NAME OF FATHER John Hanie

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Rachel Hanie

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Connell
(Address) Shelton

15.
Filed June 10 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1912, to May 26 1912
that I last saw her alive on May 11 1912
and that death occurred on the date stated above, at 10 A M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Liver

..... (Duration) 2 yrs. 5 mos. ..... ds.
Contributory (Secondary) Gall Stones
..... (Duration) 5 yrs. ..... mos. ..... ds.
(Signed) Ray H. Fisher M. D.
June 3 1912 (Address) Rigby, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shelton
DATE OF BURIAL: May 28 1912

20. UNDERTAKER: M. T. Tucker Sons
ADDRESS: Rigby, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 231
Registered No. 68

1. PLACE OF DEATH
County of Fremont
City of Rigby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cleora J. Henry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: Feb. 12 (Month) (Day) 1905 (Year)

7. AGE: 7 yrs. 3 mos. 4 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Child
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wyoming

10. NAME OF FATHER: E. J. Henry

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nora J. Cole

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Henry
(Address) Rigby

15.
Filed May 17 1912 Ray H. Fisher M. D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1912, to May 16 1912 that I last saw her alive on ..... 191..., and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH*, was as follows:

Drowning
Taken from water - dead.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Fisher M. D.
May 17 1912 (Address) Rigby - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death .....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or
usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Rigby
DATE OF BURIAL: May 19 1912

20. UNDERTAKER: M. J. Peck & Sons
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2311
Registered No. 66

1. PLACE OF DEATH.
County of Fremont
City of Rigby
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)

2. FULL NAME Clifton Fremont Tinker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: Feb. 19 (Month) (Day) 1911 (Year)

7. AGE: 1 yrs. 3 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Frank Tinker

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Clara Hadlock

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Tinker
(Address) Garfield

15. Filed June 11 1912 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912, to June 11 1912, that I last saw him alive on June 11 1912, and that death occurred on the date stated above, at 1-30 P. M.

The CAUSE OF DEATH* was as follows:
Convultions + Broncho Pneumonia following Whooping Cough.
(Duration) 48 hrs. yrs. mos. ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Fisher M. D.
June 11 1912 (Address) Rigby - Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grant
DATE OF BURIAL: June 13 1912

20. UNDERTAKER: M. F. Peck + Sons
ADDRESS: Rigby

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2212
Registered No. 76

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2080
City of Hamer (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Compra

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: June 17 (Month) (Day) 1873 (Year)

7. AGE: 38 yrs. 11 mos. 23 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: John Compra

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Margaret Bendis

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis Compra
(Address) Hamer, Idaho

15. Filed June 10 1912 Ray Hoole, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 10 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912, to June 10 1912
that I last saw h*im* alive on June 10 1912,
and that death occurred on the date stated above, at 4-15 P. M.
The CAUSE OF DEATH* was as follows: One visit
Miner's Consumption
(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. M. Cline M. D.
June 10 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Butte Mont. DATE OF BURIAL: June 13 1912

20. UNDERTAKER: G. H. Hunt ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2080
File No. 233
Registered No. 67

1. **PLACE OF DEATH.**
County of Fremont
City of Spencer (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. **FULL NAME** James Bishop

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** M.

4. **COLOR OR RACE** W.

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** (Write the word.) Widowered

6. **DATE OF BIRTH** Mar. 12 (Month) (Day) 1834 (Year)

7. **AGE** 78 yrs. 2 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. **OCCUPATION**
(a) Trade, professsion, or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Virginia

10. **NAME OF FATHER** Jefferson Bishop

11. **BIRTHPLACE OF FATHER** (State or Country) Unknown

12. **MAIDEN NAME OF MOTHER** —

13. **BIRTHPLACE OF MOTHER** (State or Country) —

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) John Bishop
(Address) Spencer, Idaho

15.
Filed June 10 1912 Ray W. Fisk, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH**
May (Month) 13 (Day) 1912 (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from May 13 5-6 A.M. 1912, to May 13 5-30 P.M. 1912
that I last saw h.... alive on May 13 5-30 A.M. 1912,
and that death occurred on the date stated above, at 5-30 P. M.

The CAUSE OF DEATH* was as follows:
Obstruction Bowels

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. M. Cline M. D.
May 13 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Aldron — **DATE OF BURIAL** May 16 1912

20. **UNDERTAKER** G. H. Hunt — **ADDRESS** Idaho Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2314
Registered No.

1. PLACE OF DEATH.
County of Shoshone.
City of Burke.
Registration District No. 75
Primary Registration District No. 2109
(No. Ajax Mine St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hugh McGraw

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 22 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland.

10. NAME OF FATHER: Edward McGraw.

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Sarah Kennan

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bkr Labor
(Address)

15. Filed May 4 1912 Chas. C. Dettman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 4th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Immediate Blast
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. C. Dettman M. D.
May 4 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Co Wallace — DATE OF BURIAL: May 4 1912

20. UNDERTAKER: A. G. Ward. — ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & BINDERS

Form V. S. No. 5. 12½M.7-24-11

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2315

Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 25
Primary Registration District No. 2107
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Henry Vandamme

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: boy
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Infant

6. DATE OF BIRTH: May (Month) 12 (Day) 1912 (Year)

7. AGE: X yrs. X mos. 16 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Washington

10. NAME OF FATHER: Henry Vandamme

11. BIRTHPLACE OF FATHER (State or Country): Foreign.

12. MAIDEN NAME OF MOTHER: Dead. Died in Spokane
work

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F.W. Rolfs
(Address) Mullan,

15.
Filed May 28 1912 F.W. Rolfs
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from X 191..., to ..... 191.....
that I last saw h. alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

not known
Mal-nutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr. F. Rolfs M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: May 29 1912

20. UNDERTAKER: Father
ADDRESS: Mullan

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Dr. Chas. A. Dillman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2316
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 25
Primary Registration District No. 2108
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ethel Pauline Tralin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: April (Month) 18 (Day) 1912 (Year)

7. AGE: X yrs. X mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mullan Ida.

10. NAME OF FATHER: Will T Tralin

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Ethel Steers

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. W. Ralf
(Address) Mullan Ida

15. Filed April 20 1912 F W Ralf Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 1912, to April 20 1912 that I last saw her alive on April 19 1912 and that death occurred on the date stated above, at X M.

The CAUSE OF DEATH* was as follows:
Found dead in the morning
hemorrhage of the Bowels

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F W Ralf M. D.
April 20 1912 (Address) Mullan Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mullan Ida
DATE OF BURIAL: April 20 1912

20. UNDERTAKER: X Father
ADDRESS: X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

H. Chas. A. Dettman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 25

Primary Registration District No. 2108

File No. 2317

Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Gertrude Beatrice Sterns

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan 11 1912 (Month) (Day) (Year)

7. AGE: — yrs. 2 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Mullan. Shoshone, Ida.

10. NAME OF FATHER: A. H. Sterns

11. BIRTHPLACE OF FATHER (State or Country): Alabama

12. MAIDEN NAME OF MOTHER: Clara Dial

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Rolfs
(Address) Mullan Ida

15. Filed April 9 1912 F W. Rolfs Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1912, to April 9 1912 that I last saw her alive on April 9 1912 and that death occurred on the date stated above, at 11:30a M.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) — yrs. — mos. 2 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F W. Rolfs M. D.

April 9 1912 (Address) Mullan Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: —

DATE OF BURIAL: April 11 1912

20. UNDERTAKER: X Father

ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

W. Asa A. Wetherman

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 231
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 75
Primary Registration District No. 2104
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ella Devi

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 28 (Day) 1906 (Year)

7. AGE: 4 yrs. 2 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Butt Mont

10. NAME OF FATHER: Joe Devi

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Carolina Zopa

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Devi
(Address) Mullan

15.
Filed May 3 1912 F W Rolfe Local Registrar
Dr. Chas. A. Dittman

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to May 2 1912, that I last saw her alive on May 2 1912, and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Myelitis

(Duration) — yrs. — mos. 10 hours ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. W Rolfe M. D.

..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Mullan
DATE OF BURIAL: May 4 1912

20. UNDERTAKER: —
ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. D 2319
Registered No. 15

1. PLACE OF DEATH.
County of Elmore
City of Mountain Home
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

2. FULL NAME Carmen Amisabalaga

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: July (Month) 16 (Day) 1909 (Year)

7. AGE: 82 yrs. 9 mos. ___ ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Spain

10. NAME OF FATHER: John Amisabalaga

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Mariana Beascoechea

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pedro Amenategui
(Address) Mountain Home

15.
Filed June 1 1912 W. L. Fryer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Drowned in Canion Creek
about 6 miles west of Mtn.
Home, Ida.
..... (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) A. L. Easton Coroner M. D.
May 6 1912 (Address) Elmore Co.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountain home
DATE OF BURIAL: May 6 1912

20. UNDERTAKER: J. M. Covea
ADDRESS: Mtn home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

WYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2320

Registered No. 14

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. .....

County of Elmore

City of Montachusa (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Tye

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 22 (Day) 1911 (Year)

7. AGE: yrs. 9 mos. 11 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Montachusa

10. NAME OF FATHER James Tye

11. BIRTHPLACE OF FATHER (State or Country) Arkansas

12. MAIDEN NAME OF MOTHER Florence Williams

13. BIRTHPLACE OF MOTHER (State or Country) Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Tye

(Address) Mtn Home

15.

Filed June 1 1912 Wm Hayes Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21st 1912 to May 30th 1912 that I last saw h[er] alive on May 2nd 1912, and that death occurred on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

~~Gast~~ Entero-colitis and possible intussusception

(Duration) ..... yrs. ~~1~~ mos. 1/2 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. W. Mathes M. D.

May 31 1912 (Address) Mountain Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montachusa

DATE OF BURIAL: May 4 1912

20. UNDERTAKER: J M Cowell

ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

PLACE OF DEATH

County of Bonner

Town of

or

City of (No. , St.; Ward.)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No.

File No. 2322

Registered No.

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

Full Name Wm. McKeeler

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Physicians should state cause of death in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

V. S.—No. 1.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH June 3 (Month) (Day) 1912 (Year)

AGE 57 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) England

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or Country) England

OCCUPATION Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

Filed May 5 1912 W. S. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 3 (Day) 1912 (Year)

I HEREBY CERTIFY, That I attended deceased from May 22 1912, to June 3 1912

that I last saw him alive on June 2 1912

and that death occurred, on the date above, at 6 P. M. The CAUSE OF DEATH was as follows:

Nephritis, uremia & complications

(Duration) Days

Contributory Injury over Hudder (Duration) 3 years Days

(Signed) W. S. Wallace, M. D.

May 6 1912 (Address) Newport Wash

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence

How Long at Place of Death?

Where was Disease Contracted?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Newport Wash	May 7 1912

UNDERTAKER	ADDRESS
Harding & Harding	

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1004

Primary Registration District No. [illegible] Reservation

File No. 2323

Registered No. 154

County of Ada

City of Boise (No. Boise Barracks Reservation St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Walter French

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not Obtainable (Month) 1 (Day) (Year)

7. AGE: about 32 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labarer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): not Obtainable

10. NAME OF FATHER: Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maurice Driggs

(Address) 203 N. 7th St Boise

15. Filed 5/31 191 7 W. R. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: about April 5th (Month) (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Found dead on Military Reservation died about 5th April
Cause (Exposure)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adolph Schreiber M. D. Coroner ex-officio

19.... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

was inmate of St Alphonsus for 1 day.

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence 203 N. 7th St. Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery Ada County Plot

DATE OF BURIAL: 5/31 191 7

20. UNDERTAKER: Schreiber & Sidenfaden

ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BORS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2

Primary Registration District No. 1004

File No. 2321

Registered No. 732

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 26 + Bella St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James L. Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Married

6. DATE OF BIRTH: not obtainable (Month) (Day) 1 (Year)

7. AGE: 50 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Barber

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER James Jones

11. BIRTHPLACE OF FATHER (State or Country) America

12. MAIDEN NAME OF MOTHER not obtainable

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. F. Pilliard
(Address) Boise, Idaho.

15. Filed 5/29/12 191 M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-17- 1912, to 5/24-/ 1912, that I last saw him alive on 5-17- 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Consumption
Bronchopneumonia type

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Allen M. D.

19 ..... (Address) 311 Carly Bld.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence 26 + Bella Boise

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 5/29 1912

20. UNDERTAKER: Schreiber & Siebenpfeiffer | ADDRESS: Boise Ida

SYMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2325

Registered No. 135

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St. St.)

2. FULL NAME Hugh O. Kellacky

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	single

6. DATE OF BIRTH
not known (Month) 1 (Day) (Year)

7. AGE
36 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry business, or datablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (State or Country) not Oklahoma

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M. Cody
(Address) 1[illegible] E Jefferson Boise Idaho

15. Filed 6/1 1917 W. E. Pettit Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
May (Month) 30 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27 1917, to May 30 1917
that I last saw h[illegible] alive on May 29 1917
and that death occurred on the date stated above, at 4 9 M.

The CAUSE OF DEATH* was as follows: Tuberculous Meningitis

(Duration) yrs. mos. 14 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. T. Lucas M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...days. In the State ...yrs...mos...days.
Where was disease contracted if not at place of death?
Former or usual residence remarkable

19. PLACE OF ~~BURIAL OR~~ REMOVAL Cleveland Ohio
DATE OF ~~BURIAL~~ 6/1 1917

20. UNDERTAKER Schreiber & Sidenfaden
ADDRESS Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2326

Registered No. 139

1. PLACE OF DEATH.

County of Ada

City of So. Boise

Registration District No. 2

Primary Registration District No. 1004

(No. 3½ Miles So Boise St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Silas Tillotson, Sr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 18th (Day) 1846 (Year)

7. AGE: 65 yrs. 5 mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Coldwater, Mich

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs S. Tillotson
(Address) So Boise

15. Filed 5/29/12 191... M. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/25 1912 to 5/28 1912, that I last saw him alive on 5/28 1912 and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis.

(Duration) ... yrs. ... mos. 3 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. D. Bird M. D.

5/29 1912 (Address) 208 Sonna Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.

Where was disease contracted if not at place of death?

Former or usual residence. So Boise Idaho.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 5/30 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

XIII

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 232

Registered No. 117

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 410 State St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fred B Gang

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 27 (Day) 1888 (Year)

7. AGE: 23 yrs. 10 mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrician
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Peabody Kansas

10. NAME OF FATHER: F. W. Gang

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Sarah Burky Gang

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. E. Ness
(Address) 1609 No 12 St. Boise

15. Filed 6/8/12 191 C. S. McConnel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ June 3 1912 ~~to~~ Dead. ~~19..~~, ~~that I last saw him~~ alive on ~~19..~~, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
Accidental Electrocution
coming in contact with
Live wire of the I. O. L. & P. Co.
~~(Duration) yrs. mos. ds.~~

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber ~~M. D.~~
19.. (Address) Boise Ida Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Perry Oklahoma — DATE OF BURIAL: June 3 1912 Shipment

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2328

Registered No. 164

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1604

County of Ada

City of Boise (No. 210, N. 4th St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William W. Mitchell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 15th (Day) 1866 (Year)

7. AGE: 45 yrs. 7 mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cobb Co. Ga.

10. NAME OF FATHER: J. N. Mitchell

11. BIRTHPLACE OF FATHER (State or Country): Ga

12. MAIDEN NAME OF MOTHER: Julia A. Kirk

13. BIRTHPLACE OF MOTHER (State or Country): Ga

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W. W. Mitchell

(Address) Boise. Ida.

15. Filed JUN 29 1912 191 Fay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27 1912, to June 28 1912, that I last saw him alive on June 28 1912, and that death occurred on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis (acute)

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. Halverson M. D.

June 29 1912 (Address) 210 Overland

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: Boise, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 6/30 1912

20. UNDERTAKER: Schreiber & Siebenfaden | ADDRESS: Boise Idaho

H. Halverson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2324

Registered No. 136

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Adolph Francis Schreiber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 30th 1912 (Month) (Day) (Year)

7. AGE: ___ yrs. ___ mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or datablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise, Idaho

10. NAME OF FATHER: A. F. Schreiber

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Josephine McMahan

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): A. F. Schreiber
(Address): Boise, Idaho

15. Filed 6/1/12 191... W. E. Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/30 1912, to 6/1 1912, that I last saw h[illegible] alive on 6/1 1912, and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Conjunctivitis catarrhalis

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. Elliott M. D.

19... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. ... days. In the State ... yrs. ... mos. ... days.
St. Alphonsus Hospital

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: 6/1 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 233
Registered No. 186

1. PLACE OF DEATH. Registration District No. 2
County of Boise Primary Registration District No. 1024
City of Boise (No. St., St. Alphonsus Hosp St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John G. Burgquist

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White. Swede.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 2 (Day) 1860 (Year)

7. AGE: 52 yrs. 4 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Tailor.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. W. Rood
(Address) R-11 Rk of Com'l Bldg

15. Filed June 5 1912 C. S. McComas Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 5 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1912, to June 5 1912
that I last saw him alive on June 5 1912,
and that death occurred on the date stated above, at 8 30a M.

The CAUSE OF DEATH* was as follows:
Aortic & Mitral Insufficiency
(Duration) 2 yrs. mos. ds.
Contributory (Secondary) Chronic Glomus Nephritis
(Duration) 2 yrs. mos. ds.

(Signed) W. F. Tallmen M. D.
June 6 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: June 6 1912

20. UNDERTAKER: Troy & Summers — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 4

Primary Registration District No. 1004

File No. 2331

County of Ada

City of Boise (No. ....., ... St.)

Registered No. 139

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harry Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Single

6. DATE OF BIRTH

Not Known (Month) 1 (Day) ..... (Year)

7. AGE

35 yrs. ..... mos. ..... ds.

Not Known

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Not Known

10. NAME OF FATHER Wilson

11. BIRTHPLACE OF FATHER (State or Country) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (State or Country) Perhaps Indian Territory

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. E. Shawhan

(Address) Boise, Ida.

15.

Filed 6/8 1912 C. S. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

June (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 1912, to June 7 1912, that I last saw him alive on June 6 1912, and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) Several yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Shawhan M. D.

June 7 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? not obtainable

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery Ada Co. Ida.	June 8 1912

20. UNDERTAKER	ADDRESS
Schreiber & Hidenfaden	Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 112 E. Bannock St.)

File No. 2332

Registered No. 140

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George Scharman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 27 (Day) 1861 (Year)

7. AGE: 50 yrs. 6 mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpet Layer
(b) General nature of industry business, or establishment in which employed (or employer): Allen & Wright

9. BIRTHPLACE (State or Country): Posen, Germany

10. NAME OF FATHER: Edward Scharman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. C. Scharman
(Address) Griffel Creek, Col.

15. Filed 6/8 1912 C. S. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1912, to June 3 1912, that I last saw h[illegible] alive on June 3 1912 and that death occurred on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:

Fracture of base of Skull

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Hemorrhage at base of brain

(Duration) ..... yrs. ..... mos. 9 hours ds.

(Signed) J. S. Springer M. D.

June 7 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence: Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: June 9 1912

20. UNDERTAKER: Schreiber & Richardson | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2333

Registered No. 142

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 1314, Jefferson St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Kate Bantz

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White, American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: January (Month) 16 (Day) 1836 (Year)

7. AGE: 75 yrs. 10 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Jacob Vanderhaden

11. BIRTHPLACE OF FATHER (State or Country): Holland

12. MAIDEN NAME OF MOTHER: Aline Estabrook

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary B. Kinney
(Address) 1314 Jefferson St.

15. Filed 6/11 1912 C. P. McConnell, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 11th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1911, to June 11 1912, that I last saw her alive on June 10 1912, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Chronic heart disease, mitral regurgitation, from which she has suffered a good many years

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic Congestion of lungs

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) L. P. McCall M. D.

6/11 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill — DATE OF BURIAL: June 13 1912

20. UNDERTAKER: Frye & Summers — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 321, Grove St.)

Registration District No. 2

Primary Registration District No. 1004

File No. 2334

Registered No. 144

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Maggie Warrenstaff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Aug 15 (Month) (Day) 1835 (Year)

7. AGE: 86 yrs. 10 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): This country Evansville Ind

10. NAME OF FATHER: William Barker

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs S.A. Hennessy

(Address) Boise

15.

Filed 6/12 1912 C.S. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1912, to May 12 1912, that I last saw h alive on May 9 1912 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) W.D. Springer M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 6/13 1912

20. UNDERTAKER: Schreiber & Hidenpaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SVMS - YORK CO., PTRS. & BDRS. 19760

XVI

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2335

Registered No. 147

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 404 Washington St.)

2. FULL NAME Maria Brooks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 1 (Day) 1826 (Year)

7. AGE: 86 yrs. 5 mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Edmanginbo. N.J.

10. NAME OF FATHER: Alva Brooks

11. BIRTHPLACE OF FATHER (State or Country): Unknown Conn.

12. MAIDEN NAME OF MOTHER: Lucretia Beibe

13. BIRTHPLACE OF MOTHER (State or Country): Astabula Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G W Fletcher
(Address) 412 Nash St.

15. Filed June 13 1912 C S McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1912 to June 13th 1912 that I last saw h-r alive on May 1st 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Dilatation of Heart - fatty degeneration - Senility

(Duration) — yrs. 1 mos. — ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Lynn Bourke M. D.

June 13 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 6/14 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2331

Registered No. 148

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. ~~Ranch West of Boise Idaho R.F.D.~~ 112 State St.)

2. FULL NAME Newell A. Hopkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 27 (Day) 1846 (Year)

7. AGE: 66 yrs. — mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lawrence Co. N.Y.

10. NAME OF FATHER: Lorenzo D Hopkins

11. BIRTHPLACE OF FATHER (State or Country): Orange Co. Vermont

12. MAIDEN NAME OF MOTHER: Lydia A Holcomb

13. BIRTHPLACE OF MOTHER (State or Country): cant say

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): E A Jeffers
(Address): Boise, Ida

15.
Filed 6/13 1912
C. L. McCann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 11th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1911., to Jun 12 1912, that I last saw h alive on 191, and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo Callum M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs....mos....days. In the State ....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence. Bench west of Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 6/16 191

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1803 N. 12th St.)

File No. 233
Registered No. 149
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John W. Murphy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Sept (Month) 21st (Day) 1844 (Year)

7. AGE
67 yrs. 9 mos. 24 ds.
IF LESS than 1 day how many .....hrs. or .....mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .. Retired Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Carmel, Ind

10. NAME OF FATHER Wm Murphy

11. BIRTHPLACE OF FATHER (State or Country) Ind

12. MAIDEN NAME OF MOTHER Betsy Cox

13. BIRTHPLACE OF MOTHER (State or Country) American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. W. Murphy
(Address) Boise

15.
Filed 6/17 1912 C S McConnel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912 to June 14 1912
that I last saw h[illegible] alive on June 14 1912
and that death occurred on the date stated above, at 5 A M.
The CAUSE OF DEATH* was as follows:
Spotted fever

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
6/17 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence 1803 N. 12th St

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
Morris Hill Cemetery | 6/18 1912

20. UNDERTAKER | ADDRESS
Schreiber & Sidenfaden | Boise, Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

8s. Folk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1964.
(No. 920 Warm Springs Ave. St.)

File No. 233
Registered No. 156
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Davison

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White Am.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. 21, 28 1900 (Month) (Day) (Year)

7. AGE: 12 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer): (Student)

9. BIRTHPLACE (State or Country): Butte, Mont.

10. NAME OF FATHER: H. M. Davidson

11. BIRTHPLACE OF FATHER (State or Country): N. York

12. MAIDEN NAME OF MOTHER: Katherin Bostwick

13. BIRTHPLACE OF MOTHER (State or Country): Butte Mont.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): R. M. Davidson
(Address): 1205 W. D. Ave

15.
Filed JUN 19 1912 191...
C. S. McConnell
7 mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1912, to June 18 1912
that I last saw h alive on June 18 1912,
and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Traumatic meningitis

(Duration) ... yrs. ... mos. 24 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Rollin S. Gregory M. D.
June 19, 1912 (Address) 624 Bonna Block

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill
DATE OF BURIAL: June 19 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: 15th & Jeff.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

AMENDED ITEM #2 6-15-2000 MS

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1664
(No. 112, E. Bannock St.)

File No. 2339
Registered No. 151
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harold Cecil Ulmer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 15 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: T. C. Ulmer

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER: Winifred Tarter

13. BIRTHPLACE OF MOTHER (State or Country): Wy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): T C Ulmer.
(Address): 714 North 10 St

15. Filed JUN 20 1912 191 — Amy McConnel Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1912, to June 19 1912, that I last saw him alive on June 19 1912, and that death occurred on the date stated above, at 1. P. M.

The CAUSE OF DEATH* was as follows:
Congenital Heart malformation

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) # yrs. # mos. 1 ds.

(Signed) R. R. Blaine M. D.
19 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos. 4 days.
Where was disease contracted if not at place of death?
Former or usual residence. 711 N. 10th St Boise, Ida.

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery
DATE OF BURIAL: 6/20 1912

20. UNDERTAKER: Schreiber & Siddenfaden
ADDRESS: Boise, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

6-15-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1912-2339
Date Filed JUN. 20, 1912

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for HAROLD CECEL ULMER (Name on Original Certificate) who DIED (Was Born, Died, etc.) on JUNE 19, 1912 (Date of Event)

in BOISE (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#2 DECEDENT'S NAME	HAROLD CECEL ULMER	HAROLD CECIL ULMER

Subscribed and sworn to before me this 15th day of June, 2000

Notary Public Maria Schneider

Residing at Meridian Id

My commission expires 2-16-2004

(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

Wanda M. Bourne - SISTER
Signature of Applicant

5429 Princess Drive Boise ID 83714
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 234

Registered No. 152

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 112, East Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frederick Rodda

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not obtainable (Month) 1 (Day) (Year)

7. AGE: 23 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Josiah Rodda

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: C. Bennet

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josiah Rodda

(Address) De Lamar

15. Filed JUN 21 191[illegible]

C. L. McConnell
City Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18 1912, to June 19 1912 that I last saw him alive on June 19 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) Nephritis

(Duration) — yrs. — mos. — ds.

(Signed) J. Lee Barnes M. D.

19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence De Lamar Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL 191

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada Primary Registration District No. 1004
City of Boise (No. St Lukes Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 2341
Registered No. 154
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mahlon Baumgardner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 29 (Day) 1853 (Year)

7. AGE: 58 yrs. 9 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Jno Baumgardner

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Lucy Davis

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ralph Baumgardner
(Address) Eagle Ida

15.
Filed JUN 22 1912 191...
Guy M Connell
Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1912, to June 21 1912
that I last saw h.im alive on June 20 1912,
and that death occurred on the date stated above, at 7 00 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) 10 yrs. ___ mos. ___ ds.
Contributory (Secondary) Myocarditis & Arteriosclerosis
(Duration) 5 yrs. ___ mos. ___ ds.

(Signed) J. Baugh M. D.
June 21 1912 (Address) Star I

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Eagle Ida
DATE OF BURIAL: June 23 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 100 4

City of Boise (No. 1501, North 15th St.)

File No. 2345

Registered No. 156

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rhoda M. Anderson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: May (Month) 2 (Day) 1845 (Year)

7. AGE: 67 yrs. 1 mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Henry Halsted

11. BIRTHPLACE OF FATHER (State or Country): N. Yo.

12. MAIDEN NAME OF MOTHER: Maria Warren

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Anderson

(Address) Boise

15. Filed JUN 22 1912 191 Fay M Conner Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to June 1912, that I last saw her alive on 19 1912, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) one Knows yrs. mos. ds.

Contributory (Secondary) name

(Duration) yrs. mos. ds.

(Signed) W. B. Lyman M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Eau Claire Wis | DATE OF ~~BURIAL~~ Shipment 6/23 1912

20. UNDERTAKER: Schreiber & Siddenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2343

Registered No. 156

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 535 So 14th St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas Mc Farlane

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Aug (Month) 25th (Day) 1863 (Year)

7. AGE: 48 yrs. 10 mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: John Mc Farlane

11. BIRTHPLACE OF FATHER (State or Country): Scottland

12. MAIDEN NAME OF MOTHER: Mary Mc Farlane

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D Mc Farlane
(Address) 535 So 14 Boise

15. Filed JUN 25 1912 191 Fay McCann Dep Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 25th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tubercolosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L L Barnes M. D.

19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 535 So 14th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 6/25 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2344

Registered No. 157

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1664

(No. 410 State St.)

2. FULL NAME Chas. Chester

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan Not Obtainable
(Month) (Day) (Year)

7. AGE: 53 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Brick Mason
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): not Obtainable

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E W Paulsen
(Address) Boise

15.
Filed JUN 25 1912 191
Jay M Connell
Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 23d 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1912 to June 23 1912, that I last saw h alive on June 21 1912, and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Springer M. D.

June 25 1912 (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 405 Main St.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 6/26 1912

20. UNDERTAKER: Schrieber & Siddenfaden | ADDRESS: Boise, Ida,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2345

Registered No. 159

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 112, E. Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Linnda E. Thayer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Married~~ Widow

6. DATE OF BIRTH: May (Month) 16 (Day) 1844 (Year)

7. AGE: 68 yrs. 1 mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: Mr. Greenfield

11. BIRTHPLACE OF FATHER (State or Country): Not obtainable

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W D Thayer
(Address) South Boise

15. Filed JUN 25 1912 191

Jay McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1912, to June 24 1912, that I last saw her alive on June 24 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows: Mesenteric Cyst +

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

19..... (Address) Boise.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 5 days.

Where was disease contracted if not at place of death?

Former or usual residence: No. Boise.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 6/26 1912

20. UNDERTAKER: Schreiber & Siebenfaden | ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Dr. Elizabeth Smith

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2346

Registered No. 160

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1664

(No. 410 State St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ellen Elizabeth Givens

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 1st (Day) 1857 (Year)

7. AGE: 54 yrs. 10 mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oakland Calif

10. NAME OF FATHER: Albert Llewelling

11. BIRTHPLACE OF FATHER (State or Country): So. Car

12. MAIDEN NAME OF MOTHER: Mary Campbell

13. BIRTHPLACE OF MOTHER (State or Country): Mass.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. A. Givens

(Address) Boise Idaho

15. Filed JUN 26 1912 191

Jay M. Carnel Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1912, to June 26 1912, that I last saw her alive on June 26 1912, and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis, due to perforative ulcer of duodenum.

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Ulcer of duodenum.

(Duration) unknown yrs. ..... mos. ..... ds.

(Signed) L. P. McCalla M. D.

June 26 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos 2 ..... days.

Where was disease contracted if not at place of death?

Former or usual residence. Nampa Idaho

19. PLACE OF BURIAL OR REMOVAL: Portland, Ore. DATE OF ~~BURIAL~~ Shipment 6/26 1912

20. UNDERTAKER: Schreiber & Sidenfaden ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Mc Walker

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2347

Registered No. 161

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 1102, Bonah St.)

Registration District No. 2

Primary Registration District No. 1004

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mattie Grumbling

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. 13 1868 (Month) (Day) (Year)

7. AGE: 60 yrs. 4 mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Joseph McPherson

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Mary E. Bauman

13. BIRTHPLACE OF MOTHER (State or Country): West Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): C. R. Martin
(Address): Boise

15. Filed JUN 26 1912 191

Jay McConnell Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1912, to June 25 1912, that I last saw h[illegible] alive on June 24 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Uraemic coma

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Bronchopneumonia Hypostatic

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) James L. Hewitt M. D.

6/27 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 1102 Barah St Boise

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery — DATE OF BURIAL: 6/27 1912

20. UNDERTAKER: Schreiber & Siedenfaden — ADDRESS: Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 2207 North 13th St.)

File No. 2348
Registered No. 162
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lyman F. Miller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH: Sept (Month) 1 (Day) 1845 (Year)

7. AGE: 66 yrs. 9 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: Julius W. Miller

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Harriet Fields

13. BIRTHPLACE OF MOTHER (State or Country): Am.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward L Miller
(Address) Boise

15. Filed JUN 28 1912 191 — Fay McConnell D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Collett M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence. Deer Park, Wash.

19. PLACE OF BURIAL OR REMOVAL: Deer Park, Wash. — DATE OF BURIAL: Shipment 6/28 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Idaho

Collins

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2349

Registered No. 158

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. ~~Ea~~ Erbys Ranch St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ted Schaffer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not Obtainable (Month) ~~June~~ (Day) ~~24~~ (Year) 192

7. AGE: 27 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Ranch Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kansas

10. NAME OF FATHER A. H. Shaffer

11. BIRTHPLACE OF FATHER (State or Country) American

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country) Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Morgan

(Address) Boise Idaho

15. Filed JUN 25 1919 191 C L McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1912, to June 24 1912, that I last saw h— alive on June 24 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Fracture Skull

(Duration) 2 hrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Kirkegaard M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fulton, Kas. DATE OF BURIAL: 6/25 1912

20. UNDERTAKER: Schreiber & Hedenfaden ADDRESS: Boise Idaho

Turkey.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1064

City of Boise (No. South Boise St.)

File No. 2350

Registered No. 145

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fred Hubert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	

6. DATE OF BIRTH: June (Month) 10 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) South Boise Ada Co. Idaho

10. NAME OF FATHER Fred H Hubert

11. BIRTHPLACE OF FATHER (State or Country) Van Couver Wash.

12. MAIDEN NAME OF MOTHER Myrtle M. Johnson

13. BIRTHPLACE OF MOTHER (State or Country) Denmark, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. T B. Jackson
(Address) Boise, Idaho

15.
Filed 6/12 1912 C. S. McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912 to June 10 1912
that I last saw h alive on June 10 1912
and that death occurred on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
(6 hours)

(Duration) ..... yrs. ..... mos. 6 hrs.

Contributory
(Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Turkey M. D.
June 10 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery Boise	6/13 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidwell	Boise

Dr. Turkey.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2351

Registered No. 163

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 8 Mile Creek Bottom St.)

2. FULL NAME Percival D. Bailey.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: April (Month) 29th (Day) 1827 (Year)

7. AGE: 85 yrs. 2 mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: W. Bailey

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Sarah Goddard

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E G Erbes

(Address) Boise, Idaho

15. Filed JUN 28 1912 191

Fay McConnel, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1911, to June 26 1912 that I last saw him alive on June 24 1912 and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and aortic incompetency

(Duration) 7 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) W. Kuhn M. D.

June 28 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence. Oakville, Iowa.

19. PLACE OF BURIAL OR REMOVAL: Oakville, Iowa. DATE OF ~~BURIAL~~ Shipment 6/30 1912

20. UNDERTAKER: Schreiber & Sidenfaden ADDRESS: Boise, Idaho

Turkey

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1004
File No. 2352
Registered No. 153

1. PLACE OF DEATH.
County of Boise
~~City of~~ Garden Valley (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hugh Craig

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
80 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Rancher .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Canada

10. NAME OF FATHER Thomas Craig

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Rachel Mone

13. BIRTHPLACE OF MOTHER (State or Country) Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Tucker
(Address) Garden Valley

15.
Filed JUN 22 1912 191 ..... Ray McConnell Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from ..... 191 , to ..... 191 ,~~
~~that I last saw h..... alive on ..... 191 ,~~
and that death occurred on the date stated above, at 4P M.

The CAUSE OF DEATH* was as follows:
No Doctor in attendance sending for Statement of his daughter Mrs J. J. Tucker of Garden Valley died ~~(Duration) ..... yrs. ..... mos. ..... ds.~~
Contributory Suddenly of apoplexy
(Secondary) 15 Minutes.
~~(Duration) ..... yrs. ..... mos. ..... ds.~~
(Signed) J. J. Tucker ~~M. D.~~
19 (Address) Garden Valley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State .....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	6/22 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

X 44

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Boise Registration District No. 1004
City of Arrowrock. (..., St.)
File No. 2353
Registered No. 146
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Thomas E. Murphy.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: April (Month) 2 (Day) 1889 (Year)
7. AGE: 23 yrs. ... mos. ... ds. IF LESS than 1 day how many ... hrs. or ... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrician.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): So Dakota.
10. NAME OF FATHER: Andrew J. Murphy
11. BIRTHPLACE OF FATHER (State or Country): N. Y.
12. MAIDEN NAME OF MOTHER: Mary Mc Elain
13. BIRTHPLACE OF MOTHER (State or Country): N. Y.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. Shaw.
(Address) Arrowrock —
15.
Filed 6/13 1912 C. L. McConnel Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 12 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 12 1912, to June 12 1912.
that I last saw h— alive on ... 191...,
and that death occurred on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:
Accidental Electrocution.
72000 volts
U.S.R.S. Transformer House - Arrowrock
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) Joseph W. Shaw M. D.
June 12 1912 (Address) Arrowrock Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence. Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: 6/15 1912
20. UNDERTAKER: Schreiber & Eidemuller — ADDRESS: Boise Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2354
Registered No. 83

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1027
(No. ....., ..., St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Robert Keddie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 4 (Day) 1867 (Year)

7. AGE: 44 yrs. 9 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scottland

10. NAME OF FATHER: James Keddie

11. BIRTHPLACE OF FATHER (State or Country): Scottland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Scottland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno. Manley
(Address) Idaho Falls Ida

15. Filed June 6 1912 — H. E. Bennett Dep Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Suicide - Hanging

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Jno. Manley Coroner ~~M. D.~~
6 5 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: May 7 1912

20. UNDERTAKER: G. H. Hunt
ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 2356
Registered No. 57
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Carl Magnus Eliason

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Divorced

6. DATE OF BIRTH: May (Month) 15 (Day) 1859 (Year)

7. AGE: 53 yrs. 1 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry business, or establishment in which employed (or employer): Peanut & Popcorn Stand

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. O. Ganson
(Address) Idaho Falls Ida.

15. Filed June 14 1912 J. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912, to June 14 1912, that I last saw him alive on June 14 1912, and that death occurred on the date stated above, at 9:20 A. M.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. 1 8 ds.

(Signed) John Hammond M. D.

6/14 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: 6/18 1912

20. UNDERTAKER: C. E. Dunwoody
ADDRESS: Ida. Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of .....

Registration District No. 1
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 2357
Registered No. 357

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Le Roy Stilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 7 (Day) 1857 (Year)

7. AGE: 55 yrs. 7 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Edward Stilson

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Dalinda Jackson

13. BIRTHPLACE OF MOTHER (State or Country): New York.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. N. Stilson
(Address) Colfax Wash.

15. Filed June 21 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Drowning. Accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. O. Manley Coroner M. D.
6/21 1912 (Address) Idaho Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Colfax., Washington.
DATE OF BURIAL: June 1912

20. UNDERTAKER: G. H. Strunk
ADDRESS: Idaho Falls Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 335
Registered No. 39
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Leverett N. Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Dec. (Month) 24 (Day) 1860 (Year)

7. AGE
61 yrs. 5 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Blacksmith
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) New Brunswick

10. NAME OF FATHER Leverett J Smith

11. BIRTHPLACE OF FATHER (State or Country) New Brunswick

12. MAIDEN NAME OF MOTHER Harrison

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. C. Renshaw
(Address) Idaho Falls

15.
Filed 6/27 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23 3 PM 1912, to June 25 8:30 AM 1912 that I last saw h[illegible] alive on June 23rd 1912, and that death occurred on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:
Acute Indigestion

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) 5½ hours

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomine C. Wilson M. D.
June 24 1912 (Address) Idaho Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Idaho Falls, Ida. DATE OF BURIAL 6/25 1912

20. UNDERTAKER C. E. Dinwoodey ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2359
Registered No. 60

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

2. FULL NAME Earnest Hicks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1873 (Year)

7. AGE: 38 yrs. 10 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Earnest Hicks

11. BIRTHPLACE OF FATHER (State or Country): Calif.

12. MAIDEN NAME OF MOTHER: Emma Innes

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nellie Hicks
(Address) Grant Utah Idaho

15.
Filed June 29 1912
J. E. Burnett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Suicide by Shooting
through the Head

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. Morby M. D.
6/29 1912 (Address) Idaho Falls Ida Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grant Idaho
DATE OF BURIAL: June 29 1912

20. UNDERTAKER: G. W. Hunt
ADDRESS: Idaho Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 231

Registered No. 19

1. PLACE OF DEATH.
County of Lemhi
City of Baker
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 27
Primary Registration District No. 2716.
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Celice Richardson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November 21" (Month) (Day) 1839 (Year)

7. AGE: 72 yrs. 5 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Staffordshire England

10. NAME OF FATHER: John Wardle

11. BIRTHPLACE OF FATHER (State or Country): Staffordshire England

12. MAIDEN NAME OF MOTHER: Harriett Ball

13. BIRTHPLACE OF MOTHER (State or Country): Don't know England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. T. Davis
(Address) Baker Ida

15.
Filed 6/15 1917 Chas. F. Hammer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 5 (Month) 4 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1916 to May 1 1917, that I last saw h[er] alive on May 1 1917 and that death occurred on the date stated above, at 11 A M

The CAUSE OF DEATH* was as follows:
Carcinoma of Breast
About 6 (Duration) yrs. mos. ds
Contributory (Secondary) Senile debility
(Duration) yrs. mos. ds

(Signed) Chas F. Hammer M. D
5/3 1917 (Address) Salmon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salmon Cemetery
DATE OF BURIAL: May 9" 1917

20. UNDERTAKER: Jno C Dobbs
ADDRESS: Salmon

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2361
Registered No. 20.

1. PLACE OF DEATH.
County of Lemhi
15 m. E
City of Salmon
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 27
Primary Registration District No. 2116

2. FULL NAME Mrs Cinthy Ann Preston
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May 3rd 18[illegible]6
(Month) (Day) (Year)

7. AGE: 66 yrs. ..... mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business or establishment in which employed (or employer): Ranching

9. BIRTHPLACE (State or Country): Do not know

10. NAME OF FATHER: Do not know

11. BIRTHPLACE OF FATHER (State or Country): Do not know

12. MAIDEN NAME OF MOTHER: Do not know

13. BIRTHPLACE OF MOTHER (State or Country): Do not know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. F. Hammer
(Address) Salmon

15.
Filed 6/6 1912 Chas. F. Hammer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 20th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7. 1912, to May 20 1912
that I last saw her alive on May 20 1912,
and that death occurred on the date stated above, at 9 a. M.

The CAUSE OF DEATH* was as follows:
Labar Pneumonia

(Duration) ..... yrs. ..... mos. 44 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. F. Hammer M. D.
May 20 1912 (Address) Salmon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Salmon Cemetery
DATE OF BURIAL: May 22nd 1912

20. UNDERTAKER: Wm C Dobbs
ADDRESS: Salmon Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2362

Registered No. 71

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Latah
City of Salmon
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Anson Hopkins Kellogg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 18 1847 (Month) (Day) (Year)

7. AGE: 65 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranches
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Anson Kellogg

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Eliza Hopkins

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Vena C. Kellogg
(Address) Cannon

15.
Filed 6/5 1912 Chas. F. Hanner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 23" 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22 1912, to May 25 1912, that I last saw h in alive on May 22 1912, and that death occurred on the date stated above, at 9 a. M.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(Duration) About 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. F. Hanner M. D.
5/24 1912 (Address) Salmon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Salmon Cemetery
DATE OF BURIAL: May 25" 1912

20. UNDERTAKER: Wm Doebler
ADDRESS: Salmon Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 33
Primary Registration District No. 215-3
File No. 2364
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Edward Wooddell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Widower

6. DATE OF BIRTH: 9 (Month) – 17 (Day) – 1844 (Year)

7. AGE: 68 yrs. 9 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mechanic
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: William Wooddell

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Mary Wooddell

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant):
(Address): Shelley Idaho

15.
Filed 5-22 191[illegible] Edw. Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 5 (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-19 1912, to 5-22 1912, that I last saw him alive on 5-22 1912, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Cutler M. D.
5-22 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shelley Idaho — DATE OF BURIAL: 5-23-1912

20. UNDERTAKER: Jos. Morley — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 33
Primary Registration District No. 2153
File No. 2369
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Gosben (No. , St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Everdine Olsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	~~Single~~

6. DATE OF BIRTH: May (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. 8 mos. — ds. IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gosben Idaho

10. NAME OF FATHER: Ferdinand Olsen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: ~~Anna Martha Christ Madsen~~ Nettie Baily

13. BIRTHPLACE OF MOTHER (State or Country): Spring City, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) R.D. #1. Shelley

15.
Filed 5-15- 1912 Edna Cutler R.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) — 14 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-12- 1912, to 5-12 1912, that I last saw him alive on 5-12 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Whooping Cough
(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Edwin Cutler M. D.
5-16 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Basall	5-15-1912

20. UNDERTAKER	ADDRESS
None Employed	—

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2367
Registered No. 26

1. PLACE OF DEATH. Registration District No. 3 22

County of Canyon Primary Registration District No. 2208

City of Payette (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Susan Langdell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: About year 1845 (Month) (Day) (Year)

7. AGE: 87 yrs.) mos.) ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Jones
(Address) Payette Idaho

15. Filed June 11 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2 1912, to May 10 1912 that I last saw h[illegible] alive on May 10 1912, and that death occurred on the date stated above, at 11.30 P M.

The CAUSE OF DEATH* was as follows:
Senility
P

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Woodward M. D.
June 11 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Idaho | DATE OF BURIAL: June 12 1912

20. UNDERTAKER: J. N. Adair | ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AYMS-DOHRMAN CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Canyon

City of Payette

Registration District No. 22

Primary Registration District No. 2008

(No. ..... , ... St.)

File No. 236

Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Katharine Thalen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

May (Month) 28 (Day) 1854 (Year)

7. AGE

58 yrs. — mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER John Doyle

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Mol Kinnord

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. F. Thalen

(Address) Payette

15.

Filed June 11 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

June 10, 1912

(Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1912 191 , to June 10, 1912 191 , that I last saw her alive on June 10, 1912 191 , and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

About

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) I. R. Woodward M. D.

6/10/ 1912 (Address) Payette, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Boise Ida. DATE OF BURIAL June 12 1912

20. UNDERTAKER D. N. Adair ADDRESS Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO. PTRS. & STRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2369
Registered No. 28

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2010
(No. ..... , ... St.)

2. FULL NAME Infant Son of Mr & Mrs Joseph Riggs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: May (Month) 19 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Emmett Idaho

10. NAME OF FATHER: Joseph B. Riggs

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Mary Gordon

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph B. Riggs
(Address) Emmett

15.
Filed June 12 1912 F. A. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30 1912, to June 1 1912, that I last saw him alive on May 31 1912, and that death occurred on the date stated above, at 3 a. M.

The CAUSE OF DEATH* was as follows:
Peritonitis ?

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) malformation of circulatory system (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P H Cummings M. D.
June 1 1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: June 1 1912

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

YEMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2570
Registered No. 29

1. PLACE OF DEATH. Registration District No. 22
County of Canyon Primary Registration District No. 2009
City of New Plymouth No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Alexander Henderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: ~~May~~ June 14 Eighteenth 1847 (Month) (Day) (Year)
7. AGE: 65 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Colesburgh Iowa
10. NAME OF FATHER: Cyrus Henderson
11. BIRTHPLACE OF FATHER (State or Country): Illinois
12. MAIDEN NAME OF MOTHER: Harriett Walker
13. BIRTHPLACE OF MOTHER (State or Country): Tennessee
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. D. W. Snyder
(Address): New Plymouth Ida.
15. Filed July 1 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 18 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from M & W 1911, to June 18 1912
that I last saw h~~im~~ alive on June 18 1912
and that death occurred on the date stated above, at 4 P M.
The CAUSE OF DEATH* was as follows:
Uraemia from Chronic Interstitial Nephritis
..... (Duration) Several yrs. ..... mos. ..... ds.
Contributory (Secondary) Arterio Sclerosis
..... (Duration) Several yrs. ..... mos. ..... ds.
(Signed) Wm T Drysdale M. D.
June 19 1912 (Address) New Plymouth Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Removed

19. PLACE OF BURIAL OR REMOVAL: Nebr DATE OF BURIAL: June 20 1912
20. UNDERTAKER: C. W. Conover ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2371

Registered No. 30

1. PLACE OF DEATH. Registration District No. [redacted]

County of [redacted] Primary Registration District No. 2010

City of EMMETT, IDAHO. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eliza Ann Patrick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): widow

6. DATE OF BIRTH: July (Month) 4 (Day) 1818 (Year)

7. AGE: 93 yrs. 11 mos. 14 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Hiram Legore

11. BIRTHPLACE OF FATHER (State or Country): don't know

12. MAIDEN NAME OF MOTHER: don't know

13. BIRTHPLACE OF MOTHER (State or Country): don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs D W C Brown
(Address) Emmett Idaho

15. Filed 6-22 1912 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Hard 191..., to ..... 191.....
that I last saw h[illegible] alive on ..... 191.....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Senility Medical attention

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: June 19 1912

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett

WYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District No. 2009

City of New Plymouth (No. ..., ... St.)

File No. 2372

Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carl Conrad.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH April 27 1901
(Month) (Day) (Year)

7. AGE 11 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work School boy.
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nebraska

10. NAME OF FATHER Henry Conrad.

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Kathrine Hasch

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John B. Fisher
(Address) New Plymouth

15. Filed July 1 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912, to June 20 1912, that I last saw h[e] alive on June 19 1912, and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:

Cerebro S. Meningitis
probably not Epidemic

(Duration) ... yrs. ... mos. 6 ds.

Contributory (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm T. Snyder M. D.

July 1912 (Address) New Plymouth Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Plymouth	June 20 1912

20. UNDERTAKER ... ADDRESS J. H. Adair Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2373
Registered No. 32

1. PLACE OF DEATH. Registration District No. 22
County of Canyon Primary Registration District No. 2010
City of Emmett (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martha Kritzenbeck

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Sept (Month) 13 (Day) 1911 (Year)

7. AGE: 0 yrs. 9 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Emmett Idaho

10. NAME OF FATHER: H. W. Kritzenbeck

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Anna Elmenhorst

13. BIRTHPLACE OF MOTHER (State or Country): S. Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry W. Kritzenbeck
(Address) Emmett, Ida.

15.
Filed 6-22-1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 (Month) - 21 (Day) - 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1912, to June 21 1912
that I last saw her alive on June 20 1912,
and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Whooping Cough
..... (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) J. L. Reynolds M. D.
6-22 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: June 22 1912

20. UNDERTAKER: O. D. Bucknum — ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M [redacted]

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DE[redacted] Registration District No. 22
County of Canyon Primary Registration District No. 2010
City of Emmett (No. ....., ... St.)
File No. 2374
Registered No. 33
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME David Henderson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: June 28 1867 (Month) (Day) (Year)
7. AGE: 44 yrs. 11 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laboner on farm
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Scotland
10. NAME OF FATHER: don't know
11. BIRTHPLACE OF FATHER (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: don't know
13. BIRTHPLACE OF MOTHER (State or Country): Scotland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Andy Little
(Address): Emmett
15.
Filed 6-28- 1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 27 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 19 191..., to June 27 1912
that I last saw h[redacted] alive on June 27 1912,
and that death occurred on the date stated above, at 8 M.
The CAUSE OF DEATH* was as follows:
Typhoid fever, followed by peritonitis
(Duration) ... yrs. 1 mos. 11 ds.
Contributory (Secondary) Perforation of intestine
(Duration) ... yrs. ... mos. ... ds.
(Signed) J. L. Reynolds M. D.
6-28-1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: June 28 1912
20. UNDERTAKER: O D Bucknum — ADDRESS: Emmett

IYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Payette
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008
(No. ..... , ... St.)

File No. 2376
Registered No. 35
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Green L. Surber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug 13 1838 (Month) (Day) (Year)

7. AGE: 74 yrs. 10 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Minister
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Adam Surber

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Violetta McClure

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hattie Surber Ady
(Address) Payette Ida.

15.
Filed July 1 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1912, to June 19th 1912, that I last saw him alive on June 16th 1912, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 20 ds.
Contributory (Secondary) Arteriosclerosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Crispin Wright M. D.
June 17th 1912 (Address) Fruitland, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Payette Ida | DATE OF BURIAL: June 20 1912

20. UNDERTAKER: J. H. Adair | ADDRESS: Payette Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2042
County of Idaho Primary Registration District No. 12
City of Cottonwood (No. ....., ... St.)
File No. 2379
Registered No. 31
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Mrs Matilda McGuire
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Aug (Month) 31 (Day) 1857 (Year)

7. AGE: 54 yrs. 9 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: home wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N C

10. NAME OF FATHER: William Wilcox

11. BIRTHPLACE OF FATHER (State or Country): N C

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): N C

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Neal McGuire
(Address) Kendrick Idaho

15.
Filed June 15 1912 G S Stockton p.d. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 15th, 1912, to June 13th, 1912, that I last saw her alive on June 13th, 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

(Duration) Unknown yrs. mos. ds.
Contributory (Secondary) Endocarditis:- Mitral Insufficiency
(Duration) Unknown yrs. mos. ds.

(Signed) J. W. Turner, M. D.
June 13, 1912 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Protestant Cemetery — DATE OF BURIAL: June 15 1912
20. UNDERTAKER: Joseph McCluskey — ADDRESS: Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2042
Primary Registration District No. 10
File No. 23802
Registered No. 50

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood (No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Seyler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March (Month) 31st (Day) 1897 (Year)
7. AGE: 15 yrs. 2 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Munster Texas
10. NAME OF FATHER: Conrod Seyler
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Victoria Koabel
13. BIRTHPLACE OF MOTHER (State or Country): Germany
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Wagoner
(Address) Cottonwood
15.
Filed June 22 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 22 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 22 1912, to June 21, 1912
that I last saw him alive on June 21, 1912,
and that death occurred on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Appendicitis
(Duration) ____ yrs. ____ mos. 34 ds.
Contributory (Secondary) Ileus
(Duration) ____ yrs. ____ mos. 8 ds.
(Signed) J. W. Turner M. D.
6-23, 1912 (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Catholic cemetery — DATE OF BURIAL: June 24th 1912
20. UNDERTAKER: E. S. Hancock — ADDRESS: Cottonwood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 10
Primary Registration District No. 2044
File No. 2381
Registered No. 49

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph H. Rogers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Don't Know (Month) (Day) 1842 (Year)

7. AGE: 70 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Agent for the
(b) General nature of industry business or establishment in which employed (or employer): Washington Nursery Co

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sheriff Idaho Co
(Address) Grangeville Ida

15. Filed June 19 1912 G. S. Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~ 191..., to ~ 191...
that I last saw h~ alive on ~ 191...,
and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:
Fell from horse & broke his neck ~

(Duration) ~ yrs. ~ mos. ~ ds.

Contributory (Secondary) ~

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stockton M. D.
June 19 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: June 19 1912

20. UNDERTAKER: W. E. Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2382
Registered No. 48

1. PLACE OF DEATH.
County of Idaho
City of Yolo
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: June (Month) 4 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 1/6 ds. IF LESS than 1 day how many 2 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER J. A. Long

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Emma Riebold

13. BIRTHPLACE OF MOTHER (State or Country) Idaho C O

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Long
(Address) Grangeville

15. Filed June 19 1912 G S Stricklin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191—, to — 191—
that I last saw h— alive on — 191—,
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:

Unknown

2 hours
(Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Stricklin M. D.
June 5 1912 (Address) Grangeville Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fair View
DATE OF BURIAL: June 5 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF VITAL STATISTICS
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 2383
Registered No. 43

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Myra O Marshall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: April (Month) 7 (Day) 1866 (Year)
7. AGE: 46 yrs. 1 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ill
10. NAME OF FATHER: Thomas Marshall
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Harriet Whisner
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo W Marshall
(Address) Grangeville
15.
Filed June 7 1912 G S Stricklin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 4 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to June 4 1912
that I last saw h[illegible] alive on June 2 1912,
and that death occurred on the date stated above, at 6 a. M.
The CAUSE OF DEATH* was as follows:
Cancer of Breast
(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. S. Stricklin M. D.
June 7 1912 (Address) Grangeville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: June 9 1912
20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF [redacted] Idaho HEALTH

Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 33 File No. 2384

County of Bingham Primary Registration District No.

City of Woodville (No. , St.) Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maria Burke

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Wid

6. DATE OF BIRTH: April (Month) (Day) 1912 (Year)

7. AGE: yrs. 2 mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: 0
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Woodville

10. NAME OF FATHER: Alma Burke

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Jimet Hewert

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alma Burke

(Address) Woodville Id.

15. Filed 191 Edw. Cutler M D Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 6 - 18 - 1912 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-16- 191 2; to 6-18- 191 2 that I last saw h er alive on 6-18- 191 2; and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) yrs. mos. 4 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin Cutler M. D.

6-18 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was Disease contracted, If not at place of death?

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Woodville DATE OF BURIAL: 6/19 191 2

20. UNDERTAKER: C E Dinwoodey ADDRESS: Ida Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2010
City of Near Dale Idaho (No. ..... St.)
File No. 2385
Registered No. 36
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME F. C. Campbell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kansas.

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (State or Country) - - -

12. MAIDEN NAME OF MOTHER - - -

13. BIRTHPLACE OF MOTHER (State or Country) - - -

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Rasmussen
(Address) Folk Idaho

15. Filed June 10 1912 R C Bell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5 31 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Heart trouble

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Q. K. Long M. D.
19... (Address) Coroner.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Canyon Hill — DATE OF BURIAL June 10 1912

20. UNDERTAKER W E Dyer — ADDRESS Caldwell Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Notus

Registration District No. 3
Primary Registration District No. 2106
(No. ..... , ... St.)

File No. 2350
Registered No. 45

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mattie Belle Shaver

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: Feb 6 (Month) 1875 (Day) 1 (Year)

7. AGE: 27 yrs. 1 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): St Francis Co ark

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) John A Shaver Notus Idaho

15. Filed April 2 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 28" (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 21" 1912., to Mar. 28" 1912., that I last saw her alive on Mar. 28" 1912., and that death occurred on the date stated above, at 6. A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary): Acute Nephritis

(Duration) ..... yrs. ..... mos. 30 ds.

(Signed) J. M. Asbury M. D.
(Address) Notus Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery — DATE OF BURIAL: 3/30 1912

20. UNDERTAKER: W C Hayes — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 2006
File No. 2387
Registered No. 31

1. PLACE OF DEATH.
County of Canyon
City of Nampa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Walter William Weick.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Twenty third (Day) May (Month) 1910 (Year)

7. AGE: 2 yrs. 1 mos. 30 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nampa. Idaho.

10. NAME OF FATHER William Weick.

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Minnie Fritz.

13. BIRTHPLACE OF MOTHER (State or Country) Falls City. Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) William Weick

15. Filed May 24 1912 R W Bell Local Registrar

[redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 5 (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A H Lamy Coroner
5/23 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: 5/24 1912

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

le Mills

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2388
Registered No. 43

Registration District No. 3
Primary Registration District No. 1005

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME O. A. Lehman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May 5 (Month) (Day) 1 (Year)

7. AGE: 68 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Hotel Keeper
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) —
(Address) —

15. Filed May 4 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to April 27 1912, that I last saw him alive on April 27 1912, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(Duration) ..... yrs. 4 mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. J. Miller M. D.
May 4 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Co — DATE OF BURIAL: May 5 1912

20. UNDERTAKER: W. E. Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2389

Registered No. 41

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. ____

County of Canyon Primary Registration District No. 2 105

~~City of~~ Farm Caldwell, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs H. W. Mallett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 8 (Day) 1912 (Year)

7. AGE: 38 yrs. 6 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Prince Edward Island

10. NAME OF FATHER: John Clements

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elsie B. Clements

13. BIRTHPLACE OF MOTHER (State or Country): ____

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. W. Mallett
(Address) Caldwell

15. Filed June 9 1912 R. C. Bull. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30 1912, to June 8 1912, that I last saw her alive on May 30 1912, and that death occurred on the date stated above, at ____ M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D.
June 9 1912 (Address) Caldwell, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? ____
Former or usual residence ____

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Canada
DATE OF ~~BURIAL~~: June 9 1912

20. UNDERTAKER: W. C. Dyer
ADDRESS: Caldwell, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 2005
File No. 2330
Registered No. 35

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oscar B Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... 1 (Month) (Day) (Year)

7. AGE: 53 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Minn.

10. NAME OF FATHER: Edmund

11. BIRTHPLACE OF FATHER (State or Country): Mass

12. MAIDEN NAME OF MOTHER: Angeline Babcock

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank E. Phillips
(Address) .....

15. Filed May 13 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1912, to May 10 1912
that I last saw h-- alive on May 10 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Granuloma Tuberculosis

(Duration) 40 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Coe M. D.
May 13, 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: May 11 1912

20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of
(No. , St.)

Registration District No. 3
Primary Registration District No. 2-105

File No. 2391
Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Gunn

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June 11 (Month) (Day) 1907 (Year)

7. AGE: 4 yrs. 10 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lexington Ky

10. NAME OF FATHER: C. H. Gunn

11. BIRTHPLACE OF FATHER (State or Country): Shedwell Ky

12. MAIDEN NAME OF MOTHER: Lucinda Wallis

13. BIRTHPLACE OF MOTHER (State or Country): Richmond Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs C H Gunn
(Address) Caldwell Ida.

15. Filed May 3 1912 R C Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30 1912, to May 1 1912 that I last saw him alive on May 1 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Meningites

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Scarlet fever

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jo Eve M. D.

May 2 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell
DATE OF BURIAL: May 3 1912

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1003
City of Caldwell (No. ....., ... St.)
File No. 2392
Registered No. 46

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Andrews

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 18 (Day) 1906 (Year)

7. AGE: 6 yrs. 1 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: V
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: James Andrews

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Emma Draper

13. BIRTHPLACE OF MOTHER (State or Country): Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R C Bull
(Address) Caldwell

15. Filed Apr 7 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1912 to Apr 7 1912 that I last saw him alive on Apr 7 1912 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Scarlet Fever

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R C Bull M. D.
Apr 7 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death .....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: Apr 7 1912

20. UNDERTAKER: W. E. Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

der Johnson

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1005

File No. 2303
Registered No. 42

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Madison Bray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec 25 (Month) (Day) 1838 (Year)

7. AGE: 74 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country): I think Kentucky

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country): " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O E Platt
(Address) .....

15. Filed May 4 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 2 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 1912, to May 2d 1912
that I last saw him alive on May 2d 1912
and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Arteria Sclerosis / Cardiac Embolism
(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Cardiac Embolism
(Duration) ..... yrs. 2 mos. ..... ds.
(Signed) Wm. H. Johnson, M. D.
5/4/1912 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: May 6 1912

20. UNDERTAKER: W E Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2394
Registered No. 39

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Elizabeth Bowers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	white	

6. DATE OF BIRTH July 25 1910
(Month) (Day) (Year)

7. AGE ..... yrs. 2 mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work ..... None .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Caldwell Idaho

10. NAME OF FATHER Geo Bowers

11. BIRTHPLACE OF FATHER (State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER Grace Wheeler

13. BIRTHPLACE OF MOTHER (State or Country) Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Bowers
(Address) .....

15. Filed May 12 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 11 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8 1912, to May 11 1912
that I last saw h alive on May 11 1912,
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Burns of face & arms
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R C Bull M. D.
May 13 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Canyon Hill Cem. DATE OF BURIAL May 12 1912

20. UNDERTAKER W E Platt ADDRESS Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

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Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 2395
Registered No. 40
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wallace Leforest Elphick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 26 (Day) 1907 (Year)

7. AGE: 4 yrs. 9 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: Oscar H Elphick

11. BIRTHPLACE OF FATHER (State or Country): Jowa

12. MAIDEN NAME OF MOTHER: Jessie Spencer

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W D Elphick
(Address) .....

15. Filed June 11 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1912, to June 10 1912, that I last saw h[illegible] alive on June 10 1912, and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Scarlet fever
.....
.....
(Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) None
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R M Cain M. D.
June 10 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or
usual residence.

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: June 11 1912

20. UNDERTAKER: W E Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1105
City of Caldwell Idaho No. ....., ... St.)
File No. 2396
Registered No. 38
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dorothy Lanier Rogers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January (Month) 1st (Day) 1896 (Year)

7. AGE: 16 yrs. 5 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: at School
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Polo, Illinois

10. NAME OF FATHER: C. L. Rogers

11. BIRTHPLACE OF FATHER (State or Country): Whiteville, New York

12. MAIDEN NAME OF MOTHER: Mary Alida Ormsbee

13. BIRTHPLACE OF MOTHER (State or Country): Polo, Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. L. Rogers
(Address) Caldwell, Idaho.

15. Filed June 1 1912 R. R. Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1911, to May 31 1912, that I last saw her alive on May 31 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Cardiac Stenosis
(Duration) 1 yrs. 1 mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. F. Miller M. D.
6-3 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: June 2 1912

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell. Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1005
File No. 2397
Registered No. 37

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas Vest

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH: May (Month) 27 (Day) 1 (Year)

7. AGE: 74 yrs. ..... mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: John Vest

11. BIRTHPLACE OF FATHER (State or Country): Do not know

12. MAIDEN NAME OF MOTHER: " " "

13. BIRTHPLACE OF MOTHER (State or Country): " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary McPherson
(Address) Emmett Ida

15. Filed June 13 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1912, to June 11 1912, that I last saw him alive on June 11 1912, and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Paralysis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. J. Mullen M. D.
6-14 1912 (Address) S. J. Mullen

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: June 12 1912

20. UNDERTAKER: W. E. Dyer — ADDRESS: Caldwell Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Kaley

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1505
City of Caldwell (No. ....., ... St.)
File No. 2398
Registered No. 32
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Loretta Coulson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov 10 (Month) (Day) 1859 (Year)

7. AGE: 53 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Jacob Coulson

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Elizabeth Goff

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Georgia Andrews
(Address) 423 - 10th Ave.

15. Filed May 27 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21 1912, to May 25 1912, that I last saw her alive on May 25 1912, and that death occurred on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Coen M. D.
May 29 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: May 27 1912

20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1006

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2399

Registered No. 48

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Inez Brainard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: April (Month) 12 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Caldwell Idaho

10. NAME OF FATHER Harry Brainard

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Lora Lemmut

13. BIRTHPLACE OF MOTHER (State or Country) Caldwell Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Platt
(Address) Caldwell

15. Filed Apr. 15 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4 (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 12 1912 to Apr 13 1912
that I last saw her alive on Apr 13 1912,
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Premature birth

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Arnt Caley M. D.
19..... (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: Apr 15 1912

20. UNDERTAKER: W. E. Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1016
(No. ....., ... St.)

File No. 2400
Registered No. 47
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME H. P. Stellman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: 11 (Month) 15 (Day) 1853 (Year)

7. AGE: 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Ministr. of
(b) General nature of industry business, or establishment in which employed (or employer): The Gospel

9. BIRTHPLACE (State or Country): Norway N. Y.

10. NAME OF FATHER: Henry Stellman

11. BIRTHPLACE OF FATHER (State or Country): Newcastle Delaware

12. MAIDEN NAME OF MOTHER: Anna Bolton

13. BIRTHPLACE OF MOTHER (State or Country): Burlington N. J.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Stellman.
(Address) Seattle Wash

15. Filed Apr 14 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1908, to 4-13 1912, that I last saw him alive on 4-10 1912, and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) 10 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Gee M. D.
4/19 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: Apr 16 1912

20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Regis[illegible] District No. ____
County of Canyon — Primary Registration District No. 1006 — File No. 2401
City of Caldwell — (No. ____, ____ St.) — Registered No. 44
If death occurs away from usual residence, give facts called for under special information. — If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ceasar C. Hedden

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 4 (Day) 1837 (Year)

7. AGE: 74 yrs. 10 mos. 6 ds. — IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Hardware, Furniture + Farming
(b) General nature of industry business, or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or Country): Tompkins Co. N. Y.
10. NAME OF FATHER: Isaac Hedden
11. BIRTHPLACE OF FATHER (State or Country): New York State
12. MAIDEN NAME OF MOTHER: Sylva Benson
13. BIRTHPLACE OF MOTHER (State or Country): New York State

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Hedden
(Address) Caldwell Idaho

15. Filed April 12 1912 — R C Bull, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) Tenth (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1911, to April 1912 that I last saw him alive on April 7 1912, and that death occurred on the date stated above, at 8.9 M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of brain
+ Paralysis

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) S. J. Miller, M. D.
April 12 1912 (Address) S. J. Miller

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? ....
Former or usual residence ....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery — DATE OF BURIAL: 4/12 1912

20. UNDERTAKER: W. E. Dyer — ADDRESS: Caldwell.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2402
Registered No. 34

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

ation District No.
Registration District No. 1606
(No. , St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Veda Scott Wood

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept. (Month) 20 (Day) 1888 (Year)

7. AGE: 23 yrs. 7 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: housewife.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mitchell South Dakota

10. NAME OF FATHER: Wm A. Scott

11. BIRTHPLACE OF FATHER (State or Country): Boone Co. Iowa

12. MAIDEN NAME OF MOTHER: Carrie Peirce

13. BIRTHPLACE OF MOTHER (State or Country): Miami Co. Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Frank M. Wood
(Address):

15. Filed April 27 191 R. V. Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1912, to Apr. 25 1912 that I last saw her alive on April 25 1912, and that death occurred on the date stated above, at 4:45 P M.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency

(Duration) yrs. mos. 1½ hrs

Contributory (Secondary): Confinement

(Duration) yrs. mos. 21 ds.

(Signed) [illegible] M. D.
Apr. 25 1912 (Address) Caldwell.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: April 27 1912

20. UNDERTAKER: W C Hyer ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Rigby R.F.D.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2040
(No. ....., ... St.)

File No. 2403
Registered No. 83
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elias Anderson.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug 15 1 (Month) (Day) (Year)

7. AGE: 65 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark.

10. NAME OF FATHER: Andrew Jensen.

11. BIRTHPLACE OF FATHER (State or Country): Denmark.

12. MAIDEN NAME OF MOTHER: Dorothea Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elias Anderson
(Address) Rigby R.F.D.T.

15. Filed July 10 1912 Ray Fisher
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 6th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1912 to July 6th 1912
that I last saw him alive on June 18 1912,
and that death occurred on the date stated above, at 1 am. P.M.

The CAUSE OF DEATH* was as follows:

Exhaustion following
Cerebral Hemorrhage
(Duration) ..... yrs. 6 weeks mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Fisher M. D.
July 5 1912 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rudy, Rigby R.F.D.T. | DATE OF BURIAL: July 7th 1912

20. UNDERTAKER: Mt. Peck & Sons. | ADDRESS: Rigby. Ida.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2407

Registered No. 80

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2039

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ada Martin Hegstead

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Oct 11 1871
(Month) (Day) (Year)

7. AGE: 40 yrs. 8 mos. 12 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: James Martin

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Lydia Flint

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hine & Hegsted
(Address) Salem

15. Filed July 1912 Ray V. Fuller (M.S.)
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 21 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows: Hemorrhage following miscarriage

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Stumpe M. D.
19... (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 6-23 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2405
Registered No. 81

1. PLACE OF DEATH.
County of Fremont
City of Annis
Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elnora Browning

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: June 23 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Fred Browning

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Nancy Casper

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Fred Browning
(Address): Annis

15. Filed July 10 1912 Ray V. Fisher M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 24 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23 1912, to June 24 1912
that I last saw her alive on June 23 1912,
and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray V. Fisher M. D.
June 24 1912 (Address) Rigby

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Annis
DATE OF BURIAL: June 25 1912

20. UNDERTAKER: Friends
ADDRESS: Annis

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2109
Registered No. 219

1. PLACE OF DEATH.
County of Fremont
City of Hibbard
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

2. FULL NAME Emanuel McKenna

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: June 15 1887 (Month) (Day) (Year)

7. AGE: 24 yrs. 11 mos. 7 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Thomas McKenna

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Rebecca Hendricks

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Josiah McKenna
(Address) Hibbard

15.
Filed July 10 1912 G. D. Eske Local Registrar
F. S. Ray Finke

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 7 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 5-30 P. M.

The CAUSE OF DEATH* was as follows:
Struck by Lightning
Killed Instantly

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Young acting coroner and Justice of Peace M. D.
19... (Address) Rupert

*State the DISEASE CAUSING DEATH; or in deaths *from* VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rupert
DATE OF BURIAL: 6/10 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1211
Registered No. 8

1. PLACE OF DEATH.
County of Owyhee
City of D'Lamar

Registration District No. 30
Primary Registration District No. 2123
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
90 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wood Packer
(b) General nature of industry business or establishment in which employed (or employer): Packing mine

9. BIRTHPLACE (State or Country): Mexico

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): Mexico

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Facundo Ortiz
(Address) D'Lamar Idaho

15.
Filed June 16 1917 T. D. Farmer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June 15th 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14th 1917, to June 15 1917
that I last saw him alive on June 14 1917
and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Exposure age
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. D. Farmer M. D.
June 15 1917 (Address) D'Lamar

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Catholic Cemetery Wagon Box Ida	June 16 1917

20. UNDERTAKER	ADDRESS
John Goetz	Owyhee City Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 12112
Registered No. 9

1. PLACE OF DEATH
County of Owyhee
City of D'Lamar

Registration District No. 30
Primary Registration District No. 2128
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ygarde

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: June (Month) 21 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: No
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): D'Lamar

10. NAME OF FATHER: Ignacio Ygarde

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Zulueta

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J D Farris
(Address) D'Lamar

15. Filed July 10 1912 J D Farris Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1912, to June 24 1912 that I last saw him alive on June 24 1912 and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Premature birth -
7 mo.

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Fell day previous,
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J D Farris M. D.
June 24 1912 (Address) D'Lamar,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cemetery — DATE OF BURIAL: June 26 1912

20. UNDERTAKER D'Lamar, No, — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 8-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Bancroft
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 1048
File No. 2413
Registered No. 31
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Kenneth Rigby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Oct (Month) 14 (Day) 1910 (Year)

7. AGE: 2 yrs. 8 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Alfred Rigby

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Lilian S Wright

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alfred Rigby
(Address) Bancroft. Ida

15. Filed June 5 1912 Ellis Carey Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1912, to June 22 1912, that I last saw h. alive on June 22 1912, and that death occurred on the date stated above, at 12:30 A. M.

The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Cardiac failure
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell J Smith M. D.
June 26 1912 (Address) Bancroft.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Chesterfield Ida — DATE OF BURIAL: June 24 1912

20. UNDERTAKER: Bert Lovell — ADDRESS: Chesterfield Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Bancroft
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

File No. 2414
Registered No. 20
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Delia A Leichtenberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Sept 17 (Month) (Day) 1908 (Year)

7. AGE: 3 yrs. 8 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lund. Idaho

10. NAME OF FATHER: Peter P. Leichtenberg

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake Cty.

12. MAIDEN NAME OF MOTHER: Delia S. Crockett

13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter P. Leichtenberg
(Address) Lund Idaho

15. Filed July 5 1912 Ellis Beesley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 5 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at 6 30 P. M.

The CAUSE OF DEATH* was as follows:
Poisoning by weeds—

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Russell G Smith M. D.
June 6 1912 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pt Lookout's Cemetery at Lund, Ida. DATE OF BURIAL: June 7 1912

20. UNDERTAKER: By Lundell ADDRESS: Churchill Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2416

Registered No. 17

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Elmore
City of Mountainhome (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2 e
Primary Registration District No. 2020

2. FULL NAME Pedro Achurra

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Spanish
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 2 (Month) (Day) 1869 (Year)

7. AGE: 43 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Camp Tender
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spain

10. NAME OF FATHER: Juan Archurra

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Maria Ubenaga

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pedro Anchustegui
(Address) Mountain Home

15.

Filed ..... 191.... ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) Tuesday (Day) May 28 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 3:30 M.

The CAUSE OF DEATH* was as follows:
Deceased came to his death by gunshot wound
in the hand another person
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Easton M. D.
5/31 1912 (Address) Lowman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountainhome
DATE OF BURIAL: May 30 1912

20. UNDERTAKER: J. M. Cowan
ADDRESS: Mountainhome

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Milner
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2081
(No. ..... St.)

File No. 2416
Registered No. .....
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James T Lynch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 28 (Day) 1858 (Year)

7. AGE: 54 yrs. 6 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Mason
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ark Kansas

10. NAME OF FATHER: D. D. Lynch.

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: Nancy A Lynch

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Lynch
(Address) Milner Idaho

15.
Filed June 17 1912 John F Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 16th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26th 1912, to June 16th 1912, that I last saw h. alive on May 26th 1912, and that death occurred on the date stated above, at 8 9 M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs

(Duration) 8 yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
June 16 1912 (Address) Burley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Milner Idaho
DATE OF BURIAL: June 17 1912

20. UNDERTAKER: J. J. Grossman
ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2082

County of Twin Falls

City of Murtaugh (No. ....., ... St.)

If death occurs away from usual residence, give [illegible] for under special [illegible]

No. 2418

Registered No. .....

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mark Grant Pickett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W[illegible]

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept 3 1904 (Month) (Day) (Year)

7. AGE: 7 yrs. 9 mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cassia Co.

10. NAME OF FATHER Hyrum Pickett

11. BIRTHPLACE OF FATHER (State or Country) Lake Town Ut[illegible] Utah

12. MAIDEN NAME OF MOTHER Minnie Kinsman

13. BIRTHPLACE OF MOTHER (State or Country) Tooele City Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H Hyrum Pickett
(Address) Murtaugh

15. Filed July 11 191[illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 27th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ wasn't called nor did I see deceased, 191[illegible] to ~~191~~, that I ~~last saw him alive on~~ ~~191~~, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
All facts gathered points to purely accidental drowning

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Crosby Coroner M. D.

19..... (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Marion Ida — DATE OF BURIAL: June 30 1912

20. UNDERTAKER: Coyne — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2119
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jennie McMillen
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (~~Write the word.~~)
Female	White	Single

6. DATE OF BIRTH
Oct. 14th 1836
(Month) (Day) (Year)

7. AGE
75 yrs. 7 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Penn.

10. NAME OF FATHER
Thomas McMillen

11. BIRTHPLACE OF FATHER
(State or Country) Penn ?

12. MAIDEN NAME OF MOTHER
Precilla Arnold

13. BIRTHPLACE OF MOTHER
(State or Country) Penn ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D A McMillen
(Address) Twin Falls County

15.
Filed June 6th 1912 John H Coughlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June 6th 12 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1912, to June 6 1912, that I last saw her alive on June 1 1912, and that death occurred on the date stated above, at - M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) - yrs. - mos. - ds.

Contributory (Secondary) -

(Duration) - yrs. - mos. - ds.

(Signed) J. R. Morgan M. D.
June 6 1912 (Address) Twin Falls.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL Hosting Neb. | DATE OF BURIAL - 191

20. UNDERTAKER C J Crosby | ADDRESS Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2420
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2285
(No. ....., ... St.)

2. FULL NAME George P Sunder

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 26 (Day) 1834 (Year)

7. AGE: 67 yrs. 11 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany.

10. NAME OF FATHER: Adolph P Sunder.

11. BIRTHPLACE OF FATHER (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: Minnie Kratz

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P H Light
(Address) Jarbidge Nev

15.
Filed June 9 1912 — John T Coughlan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25 1912, to June 9 1912
that I last saw him alive on June 9 1912
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:
General carcinomatosis

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Unknown.
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John T Coughlan M. D.
6-12 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 1 mos. ..... days. In the State 26 yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: June 10 1912

20. UNDERTAKER: C J Crosby — ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO. PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2065
File No. 2421
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Pearl Ethel Ludwig

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female ~~White~~
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (~~Write the word.~~): Married

6. DATE OF BIRTH: Oct. 6th 1886 (Month) 1 (Day) (Year)

7. AGE: 25 yrs. 8 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Union Co., Iowa

10. NAME OF FATHER: Edward L. Thompson

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Sarah C. Bridge

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stanley E. Ludwig
(Address) Twin Falls Idaho

15. Filed June 24 191 2 J. Lud Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 22 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 22 1917, that I last saw her alive on June 22 1917, and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Three weeks after parturition
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.
June 23 1917 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Creston Ia. DATE OF BURIAL: 191

20. UNDERTAKER: C. J. Crosby ADDRESS: Twin Falls

SYMS-YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of .. ..

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 2422
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alexander McDonald

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Widowed)
6. DATE OF BIRTH: Feb (Month) 2 (Day) 1878 (Year)
7. AGE: 34 yrs. 4 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Day laborer
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Canada
10. NAME OF FATHER: John Mc. Donald
11. BIRTHPLACE OF FATHER (State or Country): Scotland
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (State or Country): "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P J Grossman
(Address) Twin Falls
15.
Filed June 16 1912 John T Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 1911, to June 1912
that I last saw him alive on June 10th 1912
and that death occurred on the date stated above, at 4a M.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
following pneumonia
(Duration) ..... yrs. 6 mos. — ds.
Contributory (Secondary) Pneumonia at stat
(Duration) ..... yrs. 1 mos. ..... ds.
(Signed) W. G. Tyler M. D.
6/18/1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: June 19 1912
20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2423
Registered No.

1. PLACE OF DEATH.
County of Twin Falls,
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Almedia Morris

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Sept. 6th 1826 (Month) 1 (Day) (Year)

7. AGE: 86 yrs. 9 mos. 19 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ky.

10. NAME OF FATHER: John Grimsley

11. BIRTHPLACE OF FATHER (State or Country): U.S.

12. MAIDEN NAME OF MOTHER: Mary Scott

13. BIRTHPLACE OF MOTHER (State or Country): U.S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. C. Morris
(Address) Twin Falls

15. Filed June 26 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 25 Tuesday 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ on June 25 1912 to Prescribed for 191, that I last saw h[er] did not see her alive 191, and that death occurred on the date stated above, at at any time M.

The CAUSE OF DEATH* was as follows:
General Asthenia
Cong Dyspnoea
Senility Jno Coburn MD
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Coburn M. D.
6-26 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls
DATE OF BURIAL: June 26 1912

20. UNDERTAKER: E. J. Leroux.
ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2124
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ethel May Ludwig

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	M Single

6. DATE OF BIRTH
June 7th 1912
(Month) (Day) (Year)

7. AGE
..... yrs. ..... mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls

10. NAME OF FATHER S.E. Ludwig

11. BIRTHPLACE OF FATHER (State or Country) Ind?

12. MAIDEN NAME OF MOTHER Eearl Ethel Thompson

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F.W. Thompson
(Address) Twin Falls

15. Filed June 30 1912 John T. Ingalsbee Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
6 29th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29th 1912, to June 29th 1912 that I last saw her alive on June 29th 1912 and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Marasmus

..... (Duration) ..... yrs. ..... mos. 2 2 ds.
Contributory (Secondary) Acute dilation of heart.
..... (Duration) ..... yrs. ..... mos. 2 ds.
(Signed) Duncan L. Strand M. D.
June 29 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Twin Falls	June 30 1912

20. UNDERTAKER	ADDRESS
C.J. Crosby	Twin Fall

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

[redacted] ate of Idaho

1. PLACE OF DEATH. Registration District No. 2045 23

BOARD OF HEALTH
Bureau of Vital Statistics

County of Twin Falls Primary Registration District No. 2087

File No. 2425

City of 2 E. 2½ N. Buhl (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William R. Reynolds.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 21 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Buhl Ida

10. NAME OF FATHER: Clarence Reynolds.

11. BIRTHPLACE OF FATHER (State or Country): Louisville Ky.

12. MAIDEN NAME OF MOTHER: Maggie Hanly

13. BIRTHPLACE OF MOTHER (State or Country): Louisville Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Reynolds
(Address) Buhl Ida

15. Filed 6-2 1912 J. T. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to June 1 1912 that I last saw h[illegible] alive on June 1 1912 and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Acute indigestion

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Wetherbee M. D.

June 2 1912 (Address) Buhl Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida — DATE OF BURIAL: 6-2 1912

20. UNDERTAKER: N. B. Evans — ADDRESS: Buhl Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2087
File No. 2426
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Raymania Anderson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 13 1901 (Month) (Day) (Year)

7. AGE: 11 yrs. 3 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: R J Anderson

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nellie Taylor

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): R J Anderson
(Address): Buhl

15. Filed 6-16 1912 J H Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 14 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1912, to June 14 1912 that I last saw h er alive on June 14 1912, and that death occurred on the date stated above, at 1 4 M.

The CAUSE OF DEATH* was as follows:
Acute appendicitis complicated by general peritonitis
(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A H Mc Clenahey M. D.
6-14 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Filer Ida
DATE OF BURIAL: 6-15 1912

20. UNDERTAKER: N B Evans
ADDRESS: Buhl Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

Dr Nourse

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2427
Registered No. 52

1. PLACE OF DEATH. Registration District No. 17"
County of Clearwater Primary Registration District No.
City of Weippe, Ida (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John W Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 5" (Day) 1871 (Year)

7. AGE: 41 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Geo W Johnson

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Sarah E Renfro

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joel Wilson
(Address) Weippe

15. Filed June 19" 1917 J S Hogue Local Registrar
Dept.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 16" (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191 , to 191
that I last saw h alive on 191
and that death occurred on the date stated above, at 6 A. M.
The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. mos. ds.
Contributory
(Secondary)
(Duration) yrs. mos. ds.

(Signed) none M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs mos ds. In the State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weippe — DATE OF BURIAL: June 17 1917

20. UNDERTAKER: W. E. Stoddard — ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17142

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 14

Primary Registration District No. 2054 61

File No. 2428

County of Custer

City of Challis (No. ....., ... St.)

Registered No. 16

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Hooker

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W.	~~Widowed~~ Single

6. DATE OF BIRTH

x (Month) x (Day) 1828 (Year)

7. AGE

84 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Prospector

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE

(State or Country) North Carolina

10. NAME OF FATHER

x

11. BIRTHPLACE OF FATHER

(State or Country) x

12. MAIDEN NAME OF MOTHER

x

13. BIRTHPLACE OF MOTHER

(State or Country) x

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. L. Kirtley

(Address) Challis, Ida.

15.

Filed June 7th. 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

June 7th. 1912. 191

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1912, to June 7th. 1912 191, that I last saw him alive on June 6th. 1912 191, and that death occurred on the date stated above, at 4 a M.

The CAUSE OF DEATH* was as follows:

Pulmonary Fibrosis

(Duration) ? yrs. 9 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

6/7 1912 (Address) Challis, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. 9 mo. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Challis, Ida.

DATE OF BURIAL: June 8th 191

20. UNDERTAKER: None

ADDRESS:

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Custer
City of Challis

Registration District No. 14
Primary Registration District No. 2061
(No. ....., ... St.)

File No. 2129
Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elisabeth Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
F.	W.	Widowed

6. DATE OF BIRTH: Feb. (Month) 14th. (Day) 1838 (Year)

7. AGE: 74 yrs. 6 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: Philip Lordz

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Anna ?

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. Smith
(Address)

15. Filed June 19th 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 19th. 1912. 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5th. 1912, to June 17th. 191
that I last saw her alive on June 15th. 191
and that death occurred on the date stated above, at June 19th. 2P. M.

The CAUSE OF DEATH* was as follows:
Enteric Fever

(Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. B. Kistler M. D.
June 19 1912 (Address) Challis Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Challis Ida. DATE OF BURIAL: 6/20 191[illegible]

20. UNDERTAKER: Family ADDRESS: Challis Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2430
Registered No. 17

1. PLACE OF DEATH.
County of Custer
City of Mackay (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2032

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edithy Branstetter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: November (Month) 13 (Day) 1896 (Year)

7. AGE: 15 ~~16~~ yrs. 11 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Lemuel Branstetter

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Laura Mason

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Richards
(Address) Mackay, Idaho

15. Filed 6/20 1912 C. L. Kirtley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 18 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1912, to June 1912, that I last saw her alive on June 8 1912 and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(Duration) Several yrs. mos. ds.
Contributory Chronic Nephritis
(Secondary)
(Duration) Several yrs. mos. ds.

(Signed) J. P. Richards M. D.
6/18 1912 (Address) Mackay Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mackay, Idaho
DATE OF BURIAL: 6/19 1912

20. UNDERTAKER: Chas Baker
ADDRESS: Mackay Id

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17148

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Wallace Hospital St.)
File No. 2431
Registered No. 54

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gust Franda

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: — 1 (Month) (Day) (Year)

7. AGE: 21 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. P. Ward
(Address) Wallace, Idaho

15. Filed June 29 1912 E. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 14th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13 1912, to June 14 1912
that I last saw him alive on June 14 1912
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Phthisis

(Duration) 1 yrs. 3 mos. — ds.
Contributory (Secondary) Emphysema
(Duration) yrs. mos. ds.

(Signed) Dr. Chas. L. Bittman M. D.
19 (Address) Burke, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: July 1 1912

20. UNDERTAKER: A. P. Ward — ADDRESS: Wallace Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF [redacted]

1. PLACE OF DEATH. Registration District No. [redacted]

County of Shoshone Primary Registration District No. [redacted]

City of Wallace (No. [redacted] St.) Registered No. 53

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fisicaro Sebastiano

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 24 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): General work

9. BIRTHPLACE (State or Country): Sicily

10. NAME OF FATHER: Angelo Sebastiano Fisicaro

11. BIRTHPLACE OF FATHER (State or Country): Sicily

12. MAIDEN NAME OF MOTHER: Gragia Zeccona

13. BIRTHPLACE OF MOTHER (State or Country): Sicily

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Angelo Micalizio
(Address) Spokane Wash

15. Filed June 28, 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:
Suicide by gun shooting self at El Dora Saloon
..... (Duration) Instantaneous
Contributory (Secondary) None
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas McDougall & Son M.D.
June 27 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: June 28 1912

20. UNDERTAKER: B G Nesbitt — ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2433
Registered No. 52

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eli Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tenn.

10. NAME OF FATHER: Isaac Wright

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Marguerite Kane

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J.M. Wright
(Address) Idaven, Ore.

15. Filed June 23 1912 T. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 20th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912, to June 20 1912, that I last saw h. alive on June 20 1912 and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:
Basal syphilitic meningitis

(Duration) ..... yrs. 1 mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Mowry M. D.
June 23 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Providence Hospital ..... yrs. ..... mos. 4 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Burke Ida
Former or usual residence Burke, Ida

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: June 24 1912

20. UNDERTAKER: H.P. Ward. ADDRESS: Wa[illegible]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 38
Primary Registration District No. 1011
(No. Hope Hospital St.)

File No. 2434
Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Bradley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH
(Month) (Day) (Year)

7. AGE: 57 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Business
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Thomas Bradley

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Bridget Murphey

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos M Bradley
(Address)

15. Filed June 20 1917 A Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 18th 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26 1917, to June 18 1917
that I last saw him alive on June 15 1917
and that death occurred on the date stated above, at 1 00 M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) Yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Mary Krumb M. D.
6-19-1917 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Wallace
DATE OF BURIAL: June 21st 1917

20. UNDERTAKER: N. P. Mass
ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMES-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2435
Registered No. 58

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace. (No. Providence Hospital St.)
Registration District No. 28
Primary Registration District No. 1011

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 45 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wales.

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address)

15. Filed June 10 1912 F. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1912, to June 9 1912 that I last saw him alive on June 9 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Drs Moore & Ryan M. D.
June 10 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: June 11 1912

20. UNDERTAKER: H. P. Ward.
ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2436
Registered No. 49

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Enaville St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Lowe

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... 1 .....
(Month) (Day) (Year)

7. AGE: 34 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Proprietor
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nevada.

10. NAME OF FATHER: Jack Lowe

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Minnie Mies

13. BIRTHPLACE OF MOTHER (State or Country): Nevada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jack Lowe
(Address)

15. Filed June 9, 1912 H. Leo Dunphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 3-d 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191 2
that I last saw h[illegible]m alive on — 191 2
and that death occurred on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:
Due to explosion of Carbide Explosion while he was asleep.
(Duration) 1 hr. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) — yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry Coroner
June 9 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: June 9 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2437
Registered No. 48

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew Engling.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH ..... 1 (Month) (Day) (Year)

7. AGE: 63 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Not Known,

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward
(Address) Wallace,

15. Filed JUN 4 191... A. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 3rd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 16 1912, to June 3d 1912 that I last saw h[illegible] alive on June 3d 1912 and that death occurred on the date stated above, at 4a M.

The CAUSE OF DEATH* was as follows:
Tubercular peritonitis

(Duration) ..... yrs. 5 mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. P. Mowry M. D.
June 3 1912. (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: June 6 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. 2 Ave A St.)

Registration District No. 28
Primary Registration District No. 1011

File No. 2438
Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Swanstrom

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Finland

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address) Wallace

15. Filed JUN 1 1912 191... H. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 27 191?
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191 2, to — 191 2
that I last saw h?? alive on — 191 2
and that death occurred on the date stated above, at 3 a. M.
The CAUSE OF DEATH* was as follows:
Excessive alcoholism
.....
.....
..... (Duration) ?10. yrs. ..... mos. ..... ds.
Contributory —
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas R. Mowry M. D.
June 1 19 12 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: June 2 191?

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lewis
City of Kamiah
(No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2128

File No. 2439
Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Agnes Perrine

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Oct (Month) 26 (Day) 1830 (Year)

7. AGE: 81 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House keeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New-Jersey

10. NAME OF FATHER: Pitman

11. BIRTHPLACE OF FATHER (State or Country): New-Jersey

12. MAIDEN NAME OF MOTHER: Canada

13. BIRTHPLACE OF MOTHER (State or Country): New Jersey

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Poland
(Address) Kamiah Idaho

15.
Filed May 28 1912
E Taylor M D
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 26 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to May 26 1912
that I last saw h[illegible] alive on May 23 1912
and that death occurred on the date stated above, at 6 00 M.
The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) ..... yrs. 5 mos. 26 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Taylor, M. D.
May 28 1912. (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery Kamiah
DATE OF BURIAL: May 27th 1912

20. UNDERTAKER: C J Palmer
ADDRESS: Kamiah Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2440
Registered No. 22

1. PLACE OF DEATH.
County of Lewis
City of Ilo

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leona Pearl Jacobson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 18 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ilo, Idaho.

10. NAME OF FATHER: Joacim W Jacobson

11. BIRTHPLACE OF FATHER (State or Country): North Dakota

12. MAIDEN NAME OF MOTHER: Maud Hart

13. BIRTHPLACE OF MOTHER (State or Country): Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Jacobson
(Address) Ilo, Idaho.

15.
Filed 6-12-1913 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1912, to June 9 1912 that I last saw h[illegible] alive on June 8 1912 and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Septo Meningitis

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory Otitis Media
(Secondary)
..... (Duration) ..... yrs. ..... mos. 10 - ds.
(Signed) H. C. Parrish M. D.
June 11 1912 (Address) Ilo, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetary
DATE OF BURIAL: June 10 1912

20. UNDERTAKER: J. Hdw + Imp Co
ADDRESS: Ilo Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2411
Registered No. 30

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Lincoln
City of Gooding (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2014

2. FULL NAME Nellie Bruce Denning

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 30 (Day) 1912 (Year)

7. AGE: 28 yrs. 8 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: James H. Bruce

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Lydia Jenette

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ward T Denning
(Address) Gooding, Ida.

15. Filed July 1st 1912 C. F. Teller Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 1912, to June 30 1912 that I last saw h[illegible] alive on June 30 1912 and that death occurred on the date stated above, at 2 M.

The CAUSE OF DEATH* was as follows:

Child Birth

..... (Duration) 4 hours

Contributory (Secondary) Shock

..... (Duration) 5 hours

(Signed) W. Boyd Deceased M. D.

June 30 1912 (Address) Gooding Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding, Idaho DATE OF BURIAL: July 1st 1912

20. UNDERTAKER: A. E. Thompson ADDRESS: Gooding Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lemhi
City of Winchester (No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2127

File No. 2442
Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Never Named

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 11 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. — ds.
IF LESS than 1 day how many .2. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Winchester, Idaho

10. NAME OF FATHER: Olif Gaarden

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Mary Hasenohrl

13. BIRTHPLACE OF MOTHER (State or Country): Wisc

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Olif Gaarden
(Address) Winchester Idaho

15.
Filed 6-12-1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 11 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1912, to June 11 1912 that I last saw h.. alive on June 11 1912 and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Premature Birth
(Six and one-half months gestation)
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elton B. Rogers M. D.
6-12-1912 (Address) Winchester

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery
DATE OF BURIAL: 6-12-1912

20. UNDERTAKER: none employed
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2413
Registered No. 24

1. PLACE OF DEATH.
County of Lewis
City of Vollmer (No. ....., ... St.)
Registration District No. 32
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ralph U Farrell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)
7. AGE: 34 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Butchen
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): York Nebraska
10. NAME OF FATHER: John B. Ferrell
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Anna Grey
13. BIRTHPLACE OF MOTHER (State or Country): Batavia Iowa
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. L. Stitch
(Address) Baker Mont.
15.
Filed 6 - 16 - 1912 Elton B Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him ~~alive on~~ dead Jun 13 - 8:15 9 m. 191 2
and that death occurred on the date stated above, at 8 P M.
The CAUSE OF DEATH* was as follows:
Gun shot wound, that entered the abdomen three inches above the navel ½ inch to right of median line severed the aorta at its bifurcation
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) two other gun shot wounds
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. C. Parrish M. D.
6 - 15 1912 (Address) Vollmer Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Calloway Nebr — DATE OF BURIAL: About June 22, 1912
20. UNDERTAKER: L D Leonard — ADDRESS: Vollmer Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Lincoln Primary Registration District No. 2016
City of Shoshone (No. ....., ... St.)
File No. 2444
Registered No. 29
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Thomas Jones Fielder
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 7 (Day) 1836 (Year)

7. AGE: 76 yrs. 10 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): Occupation

9. BIRTHPLACE (State or Country): Pennsylvia

10. NAME OF FATHER: Alexander Fielder

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: Betsy Charlattie Taylor

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Blondin
(Address): Shoshone Idaho

15. Filed 5/15 1912 C. A. Fuller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1st 1912, to May 14 1912 that I last saw him alive on May 13 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Cancer of the bladder

(Duration) 3 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Baugh M. D.
19..... (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Shoshone Ida, In the
of death. 5 yrs. — mos. — ds. State — yrs. — mos. — ds.
Where was Disease contracted, —
If not at place of death? —
Former or usual residence Don't Know

19. PLACE OF BURIAL OR REMOVAL: Shoshone Ida — DATE OF BURIAL: May 16 1912

20. UNDERTAKER: O. F. Bowman — ADDRESS: Shoshone

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2445
Registered No. 25

1. PLACE OF DEATH.
County of Teves
City of Volmer (No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby La Freniere

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH: June (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many (11) hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Volmer, Idaho.

10. NAME OF FATHER: Jerry La Freniere

11. BIRTHPLACE OF FATHER (State or Country): Bay City, Mich.

12. MAIDEN NAME OF MOTHER: Myrtle B Stanford

13. BIRTHPLACE OF MOTHER (State or Country): Cornwall. Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jerry La Freniere
(Address) Nez Perce Idaho

15. Filed 6-19-1912. Elton B Rogers, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14-5-a m 1912, to June 14-6 a m 1912, that I last saw h[illegible] alive on June 14-6-a m 1912 and that death occurred on the date stated above, at 6 a M.

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Parrish M. D.
June 14-1912 (Address) Ho. Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nez Perce Ida — DATE OF BURIAL: June 14 1912

20. UNDERTAKER: L D Leonard — ADDRESS: Volmer Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Shoshone
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2016
(No. ..... , ... St.)

File No. 2446
Registered No. 28
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elizabeth D Drydan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: August 24 1 (Month) (Day) (Year)

7. AGE: 86 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B. & C Bailly
(Address) Shoshone

15.
Filed July 7 1912 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1912, to July 7 1912
that I last saw her alive on July 6 1912,
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Gastritis & Cardiac Insufficiency (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Chas. F. Zeller M. D.
July 7 1912 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone | DATE OF BURIAL ..... 191...

20. UNDERTAKER: O F Brannan | ADDRESS Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

File No. 2447
Registered No. 83

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Kincaid Davis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 22 (Day) 1860 (Year)

7. AGE: 57 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: Homer Spencer Davis

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Amanda Kincaid

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. John K. Davis
(Address) 232 West Carter Pocatello

15. Filed June 7 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to June 6 1912
that I last saw him alive on June 6 1912
and that death occurred on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia — immediate Cause
Chronic interstitial Nephritis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary): Chronic Interstitial Nephritis

(Duration) ..... yrs. 8 mos. ..... ds.

(Signed) J. M. Kay M. D.

June 6 1912 (Address) Pocatello, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: American Falls Ida
DATE OF BURIAL: June 8 1912

20. UNDERTAKER: P. B. Silver
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2418
Registered No. 54

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 152, So 1st Ave St.)

Registration District No. 19
Primary Registration District No. 1902

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jose Valenguenula

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ✓ ✓ 1 ✓
(Month) (Day) (Year)

7. AGE: 24 yrs. ✓ mos. ✓ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer): Ranch Land

9. BIRTHPLACE (State or Country): Mexico ✓

10. NAME OF FATHER: Robt Guerra

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed June 12 1912 Ralph Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 7 1912 ✓
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound
Probable Suicide

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Felix van Reuth M. D.
12th June 1912, (Address) acting coroner Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery
DATE OF BURIAL: June 12 1912 ✓

20. UNDERTAKER: M. M. Racket
ADDRESS: Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2419
Registered No. 53

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. 356, So 2nd St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Edward Scott

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: June (Month) 8 (Day) 1895 (Year)
7. AGE: 17 yrs. — mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Raymond Iowa
10. NAME OF FATHER: Chilander C Scott
11. BIRTHPLACE OF FATHER (State or Country): Illinois
12. MAIDEN NAME OF MOTHER: Ida M Lane
13. BIRTHPLACE OF MOTHER (State or Country): Illinois
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Philander C. Scott
(Address) 356 S. 2nd.
15.
Filed June 10 1917 Earl Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 9 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 20 1917, to June 9th 1917
that I last saw him alive on June 9 1917
and that death occurred on the date stated above, at 11 M.
The CAUSE OF DEATH* was as follows:
Labor Pneumonia
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A Smith Wadell M. D.
June 10th 1917 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonville Iowa — DATE OF BURIAL: June 11 1917
20. UNDERTAKER: W. H. Walker — ADDRESS: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bannock
City of Pocatello
(No. 333 N. Lewis St.)

Registration District No. 19
Primary Registration District No. 1002

File No. 2450
Registered No. 56

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME D. D. Drummond

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Oct (Month) 19 (Day) 1888 (Year)

7. AGE: 23 yrs. 6 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Drug. Clerk.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas City Mo

10. NAME OF FATHER: David Drummond Initials

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Ida J. Drummond

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. N. Derr
(Address) Pocatello Ida.

15.
Filed 6/13 191? Chas D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Gun Shot wound
Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Felix Van Reuth J. P. M. D. acting Coroner
June 13th 1912. (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nemessey Ida. DATE OF BURIAL: June 13 191?

20. UNDERTAKER: W. M. Wacker ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2451
Registered No. 37

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. Gen Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME J. W. Reed.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)
7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: No Occupation
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Information Obtainable
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....
15. Filed 6-15 1912 Emil D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 12 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 7 1912, to June 12 1912, that I last saw h.. alive on June 12 1912 and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobar.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm McCulloch M. D.
..... 19.. (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 8 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery — DATE OF BURIAL: June 15 1912
20. UNDERTAKER: W. B. Wacker — ADDRESS: Pocatello Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2452
Registered No. 58

1. PLACE OF DEATH. Registration District No. 19
County of Bannock. Primary Registration District No. 1002
City of Pocatello (No. 817 So Naprson St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME N. M. Johnson.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Feby (Month) 3 (Day) 1855 (Year)
7. AGE: 57 yrs. 4 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Christiana Norway.
10. NAME OF FATHER: ✓
11. BIRTHPLACE OF FATHER (State or Country): Norway
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (State or Country): Norway.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs N. M. Johnson
(Address) Pocatello, Idaho.
15. Filed 6-27 1912 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 25th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 20th 1912, to June 25 1912
that I last saw h[illegible] alive on June 25 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Erysipelas - pleurisy
..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Old age & worn out
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. F. Castle M. D.
June 19 12 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: June 28 1912
20. UNDERTAKER: [illegible] ADDRESS: Pocatello Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2453
Registered No. 79

1. PLACE OF DEATH.
County of Cassia
City of Albion

Registration District No. 31
Primary Registration District No. 215
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ann Baty Loveland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Aug (Month) 20 (Day) 1886 (Year)

7. AGE: 25 yrs. 10 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Box Elder Co. Utah

10. NAME OF FATHER: Richard Holmes Baty

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Sarah Gibbs

13. BIRTHPLACE OF MOTHER (State or Country): Bingham City Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Loveland
(Address) Albion Idaho

15.
Filed July 2 1912 L B Stockslager Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1912, to July 1 1912
that I last saw her alive on July 1 1912
and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:,
Principal Sepsis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L B Stockslager M. D.
July 2 1912 (Address) Albion Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Albion Idaho
DATE OF BURIAL: July 3 1912

20. UNDERTAKER: Fred Nye
ADDRESS: Albion Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2455
Registered No. 29

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 31 N
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wright Harrison Berryman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: May (Month) 26 (Day) 1910 (Year)

7. AGE: 2 yrs. 7 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cassia Co. Ida.

10. NAME OF FATHER: Harry C. Berryman

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Mary M. Trout.

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry C. Berryman
(Address) Burley Ida.

15.
Filed July 1 1912 L. B. Stockebrand Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23rd 1912, to June 4th 1912
that I last saw h. alive on June 4th 1912
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Bronchitis, Pleuro-Colitis, Tonsillitis

..... (Duration) ..... yrs. ..... mos. 12 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
June 4th 1912 (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida — DATE OF BURIAL: June 5 1912

20. UNDERTAKER: L. B. Galloggly — ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2456
Registered No. 36

1. PLACE OF DEATH.
County of Cassia
City of Burley (No. ....., ... St.)
Registration District No. 31
Primary Registration District No. 2124

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stella Kinney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 24 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Burley

10. NAME OF FATHER: Leon Kinney

11. BIRTHPLACE OF FATHER (State or Country): Bannock Co.

12. MAIDEN NAME OF MOTHER: Stella Pearl Pepper

13. BIRTHPLACE OF MOTHER (State or Country): Vance Co. Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orvin W. Pepper
(Address) Burley Idaho

15.
Filed July 1 1912 G. B. Stockwell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1912, to June 25 1912 that I last saw her alive on June 25 1912 and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:
Premature Birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
June 26 1912 (Address) Burley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley Ida. DATE OF BURIAL: June 27 1912

20. UNDERTAKER: L. B. Gallogly ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1912

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine, Primary Registration District No. 2022
City of Bellevue (No. ____, ____ St.)
File No. 2457
Registered No. 44
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Anthony Sharp.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	White.	Single

6. DATE OF BIRTH: July (Month) 27. (Day) 1891 (Year)

7. AGE: 20 yrs. 9 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bellevue, Ida.

10. NAME OF FATHER W. S. Sharp.

11. BIRTHPLACE OF FATHER (State or Country) Tennessee.

12. MAIDEN NAME OF MOTHER Elizabeth Tenard.

13. BIRTHPLACE OF MOTHER (State or Country) Missouri.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs M. Brenhearn.
(Address) Bellevue

15. Filed June 12 1912 Robert H. Leigh Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1912, to May 16 1912
that I last saw h.m alive on May 16 1912,
and that death occurred on the date stated above, at 9 a M.

The CAUSE OF DEATH* was as follows:
Diabetes mellitus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Allen M. D.
May 16 1912 (Address) Bellevue

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue | DATE OF BURIAL: May 7 1912

20. UNDERTAKER: R. D. Harris | ADDRESS: Hailey Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STUB-YORK CO., PRINTERS & BINDERS, SOME 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2459

Registered No. 42

1. PLACE OF DEATH.
County of Blaine
City of Bellevue (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2022

2. FULL NAME Thomas Kane.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH: Oct. (Month) 31 (Day) 1833 (Year)

7. AGE: 76 yrs. 7 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland.

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Geo. Stutt
(Address) Bellevue

15. Filed June 20 1912 Robert H. Wright, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8 1912, to June 13 1912 that I last saw h[illegible] alive on June 13 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Allen M. D.

June 14 1912 (Address) Bellevue

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue — DATE OF BURIAL: June 14 1912

20. UNDERTAKER: R. W. Harris — ADDRESS: Hailey Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2022
File No. 2460
Registered No. 41

1. PLACE OF DEATH.
County of Blaine
City of Bellevue
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Francis Anthony Weber.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married.

6. DATE OF BIRTH: Nov. (Month) 23. (Day) 1845 (Year)

7. AGE: 66 yrs. 6 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Barber.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany.

10. NAME OF FATHER: Dr. Philip Weber.

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Nellie J. Weber.
(Address) Bellevue

15. Filed June 27 1912 Robert H. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17 1912, to June 17 1912, that I last saw him alive on June 16 1912, and that death occurred on the date stated above, at 8.9 M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
Found dead in bed
— (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Adler M. D.
June 19 1912 (Address) Bellevue Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue — DATE OF BURIAL: June 19 1912

20. UNDERTAKER: Ralph D. Harris — ADDRESS: Hailey Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2461
Registered No. 39

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 2053
(No. ....., Ms ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Vanorden

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 1 (Day) 1891 (Year)

7. AGE: 21 yrs. 1 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Peter Vanorden

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Laura Bastian

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Van Orden
(Address) Blackfoot R 7 Box 2

15. Filed June 5 1912 M. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ I attended deceased from ..... 191 ~~that I last saw him alive on ..... 191~~ and that death occurred on the date stated above, at 9:30 a. M.

The CAUSE OF DEATH* was as follows:
Fracture cervical vertebrae
Caused by runn away
team with a harrow
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. E. Patrie M. D.
Apr 24 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rirmond, Idaho
DATE OF BURIAL: Apr 25 1912

20. UNDERTAKER: E J Funk
ADDRESS: Blackfoot

Immediately by Coroner E J Funk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2462
Registered No. 40

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Avenue Caphouse St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Hardy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1873 (Year)

7. AGE: 39 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances A Poole
(Address) Blackfoot Ida.

15. Filed June 8 1912 — W. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1911, to May 30 1912
that I last saw him alive on May 29 1912
and that death occurred on the date stated above, at 5 a. M.
The CAUSE OF DEATH* was as follows:
Myocarditis
..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory Insanity
(Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frances A Poole M. D.
June 1 1912 (Address) Blackfoot.

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 3 yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Weiser, Idaho.
Former or usual residence: Weiser, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Blackfoot Idaho
DATE OF BURIAL: June 3 1912

20. UNDERTAKER: E. J. Peck, Blackfoot
ADDRESS: Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2463

Registered No. 41

1. PLACE OF DEATH.

County of Bingham

City of Blackfoot

Registration District No. 13

Primary Registration District No. 1007

(No. 310, Judicial St. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frederick G. Gertsch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: 6 (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Blackfoot Bingham Co. Idaho

10. NAME OF FATHER: Frederick Gertsch

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Minnie D. Marcus

13. BIRTHPLACE OF MOTHER (State or Country): Georgia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. N. Coon
(Address) Blackfoot, Idaho

15. Filed June 9 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1912, to June 8 1912
that I last saw h[illegible] alive on June 8 1912
and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Heart failure due to debility

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Contracted labor and poor development

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. N. Coon M. D.

June 9 1912 (Address) Blackfoot, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.

In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fem city cemetery — DATE OF BURIAL: June 8 1912

20. UNDERTAKER: E. J. Funk — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 13
Primary Registration District No. 2033
File No. 2464
Registered No. 47

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. Idaho Insane Asylum St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James McCorick
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
(Month) (Day) 1851 (Year)

7. AGE
61 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) New York.

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis M Poole
(Address) Blackfoot, Idaho

15. Filed June 10 1912 M. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June (Month) 10 (Day) 191 (Ye

17. I HEREBY CERTIFY, That I attended deceased from March 15 1911, to June 10 1912, that I last saw him alive on June 9 1912, and that death occurred on the date stated above, at 6 a. M.

The CAUSE OF DEATH* was as follows:
Senile Dementia
(Duration) 18 yrs. mos. ds.
Contributory (Secondary) Dementia
(Duration) 18 yrs. mos. ds.

(Signed) Francis M Poole M. D.
June 10 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 18 yrs. mos. ds. In the State yrs. mos. ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: Hailey, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Asylum Cemetery
DATE OF BURIAL: June 11 1912

20. UNDERTAKER: F M Poole. M. D.
ADDRESS: Blackfoot. Ida.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.** Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot RFD 3 (No. ....., ... St.)
File No. 2465
Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Eliza Homer.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Female.

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** Widow (Write the word.)

6. **DATE OF BIRTH** 12 (Month) 15 (Day) 1815 (Year)

7. **AGE** 96 yrs. 5 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. **OCCUPATION**
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) New York

10. **NAME OF FATHER** James Widdamson

11. **BIRTHPLACE OF FATHER** (State or Country) U.S.

12. **MAIDEN NAME OF MOTHER** Nancy Sickels

13. **BIRTHPLACE OF MOTHER** (State or Country) U S

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Edmund Homer
(Address) Elba Cassia Co Idaho

15. Filed June 12 191.. M.E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** June (Month) 11 (Day) 1912 (Year)

17. I HEREBY ~~CERTIFY~~, That I ~~attended deceased from~~ Prolonged Illness ~~191~~, to June 11 1912
~~that I last saw him alive on~~ ~~191~~
and that death occurred on the date stated above, at 9 A.M.

The ~~CAUSE OF DEATH~~* was as follows:
General Debility and old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M.E. Patrie M. D.
June 11 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Clarkston Utah **DATE OF BURIAL** June 13 1912

20. **UNDERTAKER** E J Peck **ADDRESS** Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot (No. Idaho Insane Asylum St.)
File No. 2466
Registered No. 44

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jinne Wozniak

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) 8 (Day) 1881 (Year)

7. AGE: 29 yrs. 4 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A. Poole
(Address) Blackfoot, Idaho

15. Filed June 19 1912 W. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1912, to June 19 1912 that I last saw her alive on June 19 1912, and that death occurred on the date stated above, at 8.30 A M.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. 1 mos. ds.

Contributory (Secondary) Melancholia

(Duration) yrs. mos. ds.

(Signed) Francis A. Poole M. D.

June 19 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 13 ds. In the State 3 yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence. Soldier, Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asylum Cemtery
DATE OF BURIAL: June 20 1912

20. UNDERTAKER: Francis A. Poole Mgr. Supt.
ADDRESS: Blackfoot, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2467
Registered No. 45

1. PLACE OF DEATH.
County of Boundary
City or Village Bonners Ferry
Hospital or Institution Ironland Ward
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. No. , No St.)

2. FULL NAME Fannie Allen.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 45-F
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 6- (Day) 1867 (Year)

7. AGE: 46 yrs. 9 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Millard Co. Utah.

10. NAME OF FATHER: Peter Hamman

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: Abigail Powell.

13. BIRTHPLACE OF MOTHER (State or Country): Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. N. Bingham
(Address)

15. Filed June 22 1912 — M. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1912, to June 22 1912 that I last saw her alive on June 22 1912 and that death occurred on the date stated above, at 1. A. M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) yrs. mos. 19 ds.
Contributory —
(Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) F. W. Mitchell M. D.
June 22 1912 (Address) Bladyford, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry city cemetery — DATE OF BURIAL: June 24 1912
20. UNDERTAKER: E. J. Funk — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2468
Registered No. 46

1. PLACE OF DEATH. Registration District No. 13
County of Bingham
City of Blackfoot (No. Idaho Insane Asylum St.)
Primary Registration District No. 2053
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Patrick Cahill
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)
7. AGE: 82 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Ireland
10. NAME OF FATHER: ?
11. BIRTHPLACE OF FATHER (State or Country): ?
12. MAIDEN NAME OF MOTHER: ?
13. BIRTHPLACE OF MOTHER (State or Country): ?
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Pabrie
(Address) Blackfoot Idaho
15. Filed June 25 1912 M E Pabrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Investigated death ....., 191..., to ..... 191....
~~that I last saw h alive on 191~~
and that death occurred on the date stated above, at 9 a M.
The CAUSE OF DEATH* was as follows:
General Debility
..... (Duration) 2 10 yrs. ..... mos. ..... ds.
Contributory (Secondary) Senile Dementia
..... (Duration) 40 yrs. ..... mos. ..... ds.
(Signed) M. E. Pabrie M. D.
6-25 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 3 yrs. 9 mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Hailey Idaho
Former or usual residence Hailey Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane A. Cem. DATE OF BURIAL: June 25 1912
20. UNDERTAKER: M E Pabrie MD ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2469
Registered No. 407

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. No, Monroe St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lousie Dunil

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 25 (Day) 1912 (Year)

7. AGE: 29 yrs. 6 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Edwin watson

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary A. Livingston

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. A. Watson
(Address) Blackfoot Idaho

15.
Filed June 27 1912
M E Potter
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1912, to June 25 1912
that I last saw her alive on June 25 1912
and that death occurred on the date stated above, at 7:10 A.M.

The CAUSE OF DEATH* was as follows:
Cholecystitis

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) J. W. Mitchell M. D.
June 25 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: from city cem. Blackfoot
DATE OF BURIAL: June 28 1912

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2470
Registered No. 48

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. Idaho Insane Asylum St.)
Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ellen Harriet Myler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Dec (Month) 25 (Day) 1854 (Year)
7. AGE: 57 yrs. 6 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Wisconsin
10. NAME OF FATHER: Abner Miller
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Hulda Dickerson
13. BIRTHPLACE OF MOTHER (State or Country): Canada
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank D. Myler
(Address) Homedale Idaho
15. Filed Jan 27 1912 W. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 1912, to June 27 1912 that I last saw her alive on June 27 1912 and that death occurred on the date stated above, at 4 P M.
The CAUSE OF DEATH* was as follows:
Enteromona Colon
Right Side
(Duration) yrs. mos. 7 ds.
Contributory (Secondary) Pleurisy
(Duration) yrs. mos. ds.
(Signed) W. E. Patrie M. D.
19 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Idaho Insane Asylum in the Blackfoot
of death ..... yrs ..... mos. 21 ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence Homedale, Idaho

19. PLACE OF BURIAL OR REMOVAL: Caldwell
DATE OF BURIAL: June 29 1912
20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Burley

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

File No. 2471
Registered No. 49

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hardy L Rickstead

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: ~~Oct~~ Aug 13 (Month) (Day) 1911 (Year)
7. AGE: ..... yrs. 9 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country) Burley
10. NAME OF FATHER R A Rickstead
11. BIRTHPLACE OF FATHER (State or Country) Brigham City Utah
12. MAIDEN NAME OF MOTHER Marlin
13. BIRTHPLACE OF MOTHER (State or Country) Bear Lake Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R A Rickstead
(Address) Preston
15.
Filed June 15 1912
G O Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
6 (Month) 13 (Day) – 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 5 1912, to June 13 1912
that I last saw h[illegible] alive on June 12 1912
and that death occurred on the date stated above, at 2 a M.
The CAUSE OF DEATH* was as follows:
Whooping Cough
..... (Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr C A Canfield M. D.
June 13 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley Idaho — DATE OF BURIAL: June 15 1912
20. UNDERTAKER: P J Hansen — ADDRESS: Burley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STAR-YORK CO., PRINTERS & BINDERS, BOISE 17148

Filed July 5 1912 — D C Rayor Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2442
Registered No. 50

1. PLACE OF DEATH.
County of Oneida
City of Glendale
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Dobbs

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 71 yrs. 7 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: Dobbs is all I know

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Weeks
(Address) Glendale Idaho

15.
Filed Apr 25 1912
C. E. Emery
Local Registrar

Filed July 5 1912
D. C. Rayfor Reg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Apr 24 1912
4 (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1912, to Apr 20 1912
that I last saw h alive on Apr 15 1912
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Organic Valvular Heart Disease

(Duration) 1 yrs. 2 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Dr. C. Caufield M. D.
Apr. 24 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Glendale Idaho
DATE OF BURIAL: April 23 1912

20. UNDERTAKER: P. J. Hansen
ADDRESS: Preston Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

INTERMOUNTAIN-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2473
Registered No. 67

1. PLACE OF DEATH.
County of Oneida
~~City of~~ Dayton
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 1-119
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Asher Martin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 5 (Month) 31 (Day) 1872 (Year)

7. AGE: 40 yrs. ..... mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Daniel Martin

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Asher

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Martin
(Address) Dayton Idaho

15.
Filed June 21 1912
G. O. Emery
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912, to June 19 1912, that I last saw him alive on June 19 1912 and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:
Perforation of bowel and peritonitis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. O. Emery M. D.
June 20 1912 (Address) Preston, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dayton, Idaho — DATE OF BURIAL: June 21 1912

20. UNDERTAKER: C. J. Hansen — ADDRESS: Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Filed July 5 1912 D C Rayfor Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 18
County of Oneida Primary Registration District No. 2119
City of Clifton (No. ....., ... St.)
File No. 2171
Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Orval Kofoed

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 7 (Month) 2 (Day) 1911 (Year)

7. AGE: ..... yrs. 10 mos. 22 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Clifton Idaho

10. NAME OF FATHER: Orson Kofoed

11. BIRTHPLACE OF FATHER (State or Country): Weston Idaho

12. MAIDEN NAME OF MOTHER: Ercil Henderson

13. BIRTHPLACE OF MOTHER (State or Country): Clifton Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arlettie Henderson
(Address) Clifton Idaho

15. Filed June 22 1912 C. C. Carey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912 to May 24 1912 that I last saw he alive on May 20 1912 and that death occurred on the date stated above, at 11-30 A.M.

The CAUSE OF DEATH* was as follows:
Hydrocephalus

..... (Duration) ..... yrs. 5 mos. — ds.
Contributory (Secondary) Possibly Chronic Meningitis
..... (Duration) ..... yrs. — mos. — ds.

(Signed) A R Curtis M. D.
May 24 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clifton Idaho
DATE OF BURIAL: May 26 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Filed July 5th 1912 D C Gray for Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2010
(No. ....., ... St.)

File No. 2475
Registered No. 34

2. NAME Harriet Reno Perkins
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND [illegible]TICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Sept (Month) 15 (Day) 1832 (Year)

7. AGE: 80 yrs. 9 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Joseph Reno

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: — Hollingsworth

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oliver Perkins
(Address) Emmett, Ida.

15. Filed July 1 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
No doctor was in attendance, patient having been bedfast for 5 years
(Duration) ..... yrs. ..... mos. .....

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. .....

(Signed) .....
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, 1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: July 1 1912

20. UNDERTAKER: O. D. Bucknum — ADDRESS: Emmett

WRITE PLAINLY. PENDING
N. B.—Every item of information is important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms. It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2476
Registered No. 52

1. PLACE OF DEATH.
County of Oneida
City of Weston

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isabell Brower

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: August (Month) 25 (Day) 1911 (Year)

7. AGE: ..... yrs. 10 mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Weston Idaho

10. NAME OF FATHER: J. B. Brower

11. BIRTHPLACE OF FATHER (State or Country): Leiston Utah

12. MAIDEN NAME OF MOTHER: Mary Grace

13. BIRTHPLACE OF MOTHER (State or Country): Weston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Brower
(Address) Weston, Idaho.

15. Filed June 30 1912 — G. C. Emery, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17 1912 to — 191—
that I last saw her alive on June 17 1912
and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Whooping cough

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. C. Emery M. D.
June 25 1912 (Address) Preston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weston Idaho
DATE OF BURIAL: June 26 1912

20. UNDERTAKER: P. J. Hansen
ADDRESS: Preston Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Rec'd July 5 1912 — D. Raeford Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2477
Registered No. 55

1. PLACE OF DEATH.
County of Oneida
City of Preston
Registration District No. 16
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Squire Kershaw

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: Sept. 1st 1905 (Month) (Day) (Year)
7. AGE: 7 yrs. 9 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country) Preston Idaho
10. NAME OF FATHER Thomas Kershaw
11. BIRTHPLACE OF FATHER (State or Country) Yorkershire England
12. MAIDEN NAME OF MOTHER Maggie Davis
13. BIRTHPLACE OF MOTHER (State or Country) Glamorganshire England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. J. Rose
(Address) Preston Ida
15. Filed June 30 1912 G. C. Emery Local Registrar
Dep. Reg. June 5 1912 D. C. Ray Dep Reg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 29 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 24 1912 to June 29 1912 that I last saw him alive on June 29 1912 and that death occurred on the date stated above, at 2.30 A.M.
The CAUSE OF DEATH* was as follows:
Concussion of brain due to falling from horse.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. C. Emery M. D.
June 29 1912 (Address) Preston, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Ida — DATE OF BURIAL: July 1st 1912
20. UNDERTAKER: P. J. Hansen — ADDRESS: Preston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, CHIC. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2455
Registered No. 86

1. PLACE OF DEATH.
County of Oneida
City of Preston

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leslie Delbert Corbridge

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 6 (Month) 15 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 5 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Preston

10. NAME OF FATHER Leslie A. Corbridge

11. BIRTHPLACE OF FATHER (State or Country) Franklin Idaho

12. MAIDEN NAME OF MOTHER Ruby M. Claypool

13. BIRTHPLACE OF MOTHER (State or Country) Ogden Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leslie A. Corbridge
(Address) Sterling Ida.

15. Filed June 30 1912 D. C. Ray

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/15 1912, to 6/20 1912, that I last saw him alive on 6/20 1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Jaundice - or Poisoning from absorption of excretion Liver from Lues.

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen K Bullock M. D.
6/21 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston
DATE OF BURIAL: June 22 1912

20. UNDERTAKER: C. A. Hayes
ADDRESS: Preston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2479
Registered No. 57

1. PLACE OF DEATH.
County of Ada
City of Boise
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME L O Bahnn

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
6. DATE OF BIRTH: March 30 1829 (Month) (Day) (Year)
7. AGE: 83 yrs. 3 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Sweden
10. NAME OF FATHER: Bahnn
11. BIRTHPLACE OF FATHER (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (State or Country): Sweden
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Bahnnez
(Address) Preston
15. Filed June 30 1912 G C Emery Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 30 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from January 1912, to Jan 1912 that I last saw him alive on June 28 1912 and that death occurred on the date stated above, at 6 A M.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart - Disease
Organic
(Duration) 5 yrs. 6 mos. 1 ds.
Contributory (Secondary) old age
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr C Campbell M. D.
July 1 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho — DATE OF BURIAL: July 2 1912
20. UNDERTAKER: D J Hansen — ADDRESS: Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE, 17142

Filed July 2 1912 D C Hay for Reg.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2480
Registered No. 57

1. PLACE OF DEATH,
County of Owyhee
City of Nelson (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2071

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hays Hays

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: June (Month) 11 (Day) 1912 (Year)
7. AGE: ..... yrs. ..... mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Chas Hays
11. BIRTHPLACE OF FATHER (State or Country): Nebraska
12. MAIDEN NAME OF MOTHER: Nora Goss
13. BIRTHPLACE OF MOTHER (State or Country): Nebraska
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse Bradshaw
(Address) Stone
15. Filed June 26 1912 W. C. Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 25 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from 6/14 1912, to ..... 1912 that I last saw h... alive on 6/24 1912, and that death occurred on the date stated above, at 12-2 a M.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. Jutz M. D.
6/26 1912 (Address) Inala

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nelson Idaho — DATE OF BURIAL: June 27th 1912
20. UNDERTAKER: None — ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Juliaca PO

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

File No. 2481
Registered No. 67

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leon R Haynes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced
6. DATE OF BIRTH: Aug (Month) 18 (Day) 1881 (Year)
7. AGE: 30 yrs. 5 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Barron Co, Wisconsin
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. C. Varcel
(Address) Juliaca Idaho
15.
Filed 2-2 1912 E. E. Watts Local Registrar
7-10-1912 L. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 18th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1911, to Feby 2 1912
that I last saw him alive on Feb 18th 1912
and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:
Bronchial ~~Diph~~ Congestion
(Duration) 30 yrs. 5 mos. 15 ds.
Contributory (Secondary) Over eating
(Duration) unknown yrs. mos. ds.
(Signed) S. P. Hunt M. D.
Feby 2 1912 (Address) Juliaca Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lenny Creek Cemetery
DATE OF BURIAL: 2-3 1912
20. UNDERTAKER: [illegible]
ADDRESS: Gifford Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2483
Registered No. 64

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ....., ... St.)

Registration District No. .....
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mar Garrett.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Bozeman Mont.

10. NAME OF FATHER: Frank Scott.

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O L Darlherty
(Address) Lewiston Idaho

15.
Filed 7-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 10-45 M.

The CAUSE OF DEATH* was as follows:
Suicide
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C J Vassar Coroner M. D.
June 13 1912. (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bozeman, Mont.
DATE OF BURIAL: x ..... 191 x

20. UNDERTAKER: C J Vassar.
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2484
Registered No. 65

1. PLACE OF DEATH.
County of Ney Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dr C L Chapse

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 24 (Day) 1881 (Year)

7. AGE: 30 yrs. 6 mos. 23 ds. (93) IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Doctor
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Milburn Ill

10. NAME OF FATHER: Wm Chapse

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Emma Stone

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C B Rycott
(Address) Kallspell Mont.

15.
Filed June 18 1912 July 10-1912 L. E. Bruce Local Registrar
L. J. Parker

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 17 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1912, to June 17 1912
that I last saw h[illegible] alive on June 17 1912
and that death occurred on the date stated above, at 2P M.

The CAUSE OF DEATH* was as follows:
Typhoid - Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Adams M. D.
June 17 19 12 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kalspel Mont — DATE OF BURIAL ..... 191...

20. UNDERTAKER: C J. Vassar — ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2485
Registered No. 66

1. PLACE OF DEATH.
County of Nez Perce
City of Gifford

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amelia Arnd

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1826 (Year)

7. AGE: 86 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: — Neuman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bertha Trick
(Address) Gifford Ida

15.
Filed June 26 1912
7-10-1912
E. E. Watts
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h— alive on ..... 191—
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Old age.
no medical attendance

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Watts M. D.
..... 19... (Address) Gifford Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: 4 m east of Gifford
DATE OF BURIAL: 7-28 1912

20. UNDERTAKER: Moon
ADDRESS:

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2486
Registered No. 36

1. PLACE OF DEATH.
County of Nash
City of Weiser

Registration District No. 26
Primary Registration District No. 2117
(No. ..., East Weiser St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Perry F Hellinger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1 1847 (Year)

7. AGE: 66 yrs. 9 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Alex Hellinger

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: Esther Purdy

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grace M Hellinger
(Address) Weiser Ida.

15.
Filed June 3th 1912
Dr. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) – 4 (Day) – 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1912 to May 1st 1912
that I last saw h[illegible] alive on May 1st 1912
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Sarcoma of the right Superior Maxillary bone

(Duration) – yrs. 4 mos. 4 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) E. C. Savant M. D.
June 6th 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida
DATE OF BURIAL: 6/5 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 1010
(No. West Main St.)

File No. 2487
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Shirley George Geddes

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. — 9 — 1912 (Month) (Day) (Year)

7. AGE: 0 yrs. 4 mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Weiser, Idaho.

10. NAME OF FATHER: George W. Geddes

11. BIRTHPLACE OF FATHER (State or Country): Plain City, Utah

12. MAIDEN NAME OF MOTHER: Myrtle Thompson

13. BIRTHPLACE OF MOTHER (State or Country): Salt Lake, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George W. Geddes
(Address) Weiser Idaho

15.
Filed June 4th 1912
M. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June — 4 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1912 to June 4 1912
that I last saw h in life on June 4 — 1912
and that death occurred on the date stated above, at 4:30 A M.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) — yrs. — mos. 2 ds.
Contributory (Secondary): Cured
(Duration) — yrs. — mos. 3 ds.

(Signed) E B Bradley M. D.
June 4th 1912 (Address) Weiser, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hot Springs; Utah
DATE OF BURIAL: 6/7 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. Weiser Flat St.)

Registration District No. 26
Primary Registration District No. 2112

File No. 2489
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clarence F. Verbeck

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: December — 18 — 1878 (Month) (Day) (Year)

7. AGE: 33 yrs. 5 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sterling; Illinois

10. NAME OF FATHER: Fayette Verbeck

11. BIRTHPLACE OF FATHER (State or Country): State of Wisconsin

12. MAIDEN NAME OF MOTHER: Fannie Sherwood

13. BIRTHPLACE OF MOTHER (State or Country): Sterling; Ills

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Ed Verbeck
(Address) Weiser; Ida.

15.
Filed June 4th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June — 2 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on June 1 1912
and that death occurred on the date stated above, at 9:05 a. M.

The CAUSE OF DEATH* was as follows:
Gunshot Wound; 32-20 Revolver
Homicidal

..... (Duration) — yrs. — mos. 2 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Bowen, Coroner
6/4 1912 (Address) Weiser; Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser; Idaho. DATE OF BURIAL: 6/4 1912

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser; Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2490
Registered No. 40

1. PLACE OF DEATH.
County of Washington
City of Midvale
Registration District No.
Primary Registration District No. 2113
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lillian Snider

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: 3 (Month) 22 (Day) 1911 (Year)

7. AGE: 1 yrs. 2 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nil occupied
(b) General nature of industry business or establishment in which employed (or employer): Infant

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: A D Snider

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Elizabeth Shelton

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A D Snider
(Address) Midvale

15.
Filed June 10 1912
F A Schmitz M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912, to June 14 1912
that I last saw h in alive on June 10 1912
and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Measles

(Duration) yrs. mos. 15 ds.
Contributory Pneumonia Fever
(Secondary)
(Duration) yrs. 0 mos. 2 ds.

(Signed) F A Schmitz M. D.
6-20 1912 (Address) Midvale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Midvale
DATE OF BURIAL: June 16 1912

20. UNDERTAKER: L L Kay
ADDRESS: Midvale

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 2112
City of Weiser R.F.D. #2 (No. ....., ... St.)
File No. 2491
Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Dovie Hopkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June (Month) 14 (Day) 1900 (Year)

7. AGE: 12 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: Chas Hopkins

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Alpha Long

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac Wagner
(Address) Weiser

15. Filed June 14th 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1911, to June 13th 1912
that I last saw her alive on June 11th 1912
and that death occurred on the date stated above, at 7:30 P.M.
The CAUSE OF DEATH* was as follows:
Sarcoma of Kidney

..... (Duration) 2 (?) yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. R. Hamilton M. D.
June 14th 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mann's Creek
DATE OF BURIAL: June 15 1912

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2492
Registered No. 83

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

2. FULL NAME Agda Alda Larson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 22 (Day) 1902 (Year)

7. AGE: 10 yrs. 3 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho Troy

10. NAME OF FATHER: August Larson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Julda Larson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) August Larson
(Address) Troy Idaho.

15.
Filed Apr 25 1912
C V Johnson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1912, to ..... 191..
that I last saw her alive on Jan 26 1912.
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.
Contributory Tuberculosis enteritis
(Secondary)
..... (Duration) ..... yrs. 5 mos. ..... ds.
(Signed) J V Johnson M. D.
July 5 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burnt Ridge cemetery Troy Idaho
DATE OF BURIAL: Apr 27 1912

20. UNDERTAKER: August Johnson
ADDRESS: Troy Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2062
City of Moscow (No. ....., ... St.)
File No. 2494
Registered No. 81

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Antony Sodoroff

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: March 15 (Month) (Day) 1899 (Year)

7. AGE: 13 yrs. 3 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Staley Wash

10. NAME OF FATHER: S. N. Sodoroff

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Amanda Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S N Sodoroff
(Address) Moscow Idaho

15.
Filed June 17 1912 J. F. Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7 1912, to June 14 1912 that I last saw h in alive on June 14 1912, and that death occurred on the date stated above, at 3 15 A. M.

The CAUSE OF DEATH* was as follows:
Valvular Heart lesion.

..... (Duration) ..... yrs. 7 mos. 15 ds.
Contributory (Secondary) Rheumatism.
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas L Gutterman M. D.
June 16 1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow Cemetery — DATE OF BURIAL: June 17 1912

20. UNDERTAKER: J O Walker acting — ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 12[redacted] M. 7-24-11

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. 1008

(No. ....., ... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2495
Registered No. 80

1. PLACE OF DEATH.
County of Latah
City of Moscow

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Patrina Marthorina Lauristsen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Feb (Month) 14 (Day) 1841 (Year)

7. AGE: 71 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House M[redacted]
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Pulsalm

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. E. Lauristsen
(Address) Moscow

15.
Filed June 12 1912 D. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1910 to June 8 1912 that I last saw h[illegible] alive on June 8 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. L. Gutmann M. D.

June 11 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.

In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow

DATE OF BURIAL: Jun 14 1912

20. UNDERTAKER: Geo. [illegible]

ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2496

Registered No. 79

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Latah
City of Near Viola

Registration District No. 15
Primary Registration District No. 2067
(No. ....., ... St.)

2. FULL NAME Melva L. Hale

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec - 10 - 1905
(Month) (Day) (Year)

7. AGE: 6 yrs. 6 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Washington

10. NAME OF FATHER: John W. Hale

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Ruth O. Butler

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Hale per J. M. Hanner
(Address) Viola Ida.

15.
Filed June 12 1912
F. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June 9 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8 1912, to May 13 1912
that I last saw her alive on May 13 1912
and that death occurred on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
June 12 1912 (Address) Moscow, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Viola Ida
DATE OF BURIAL: June 13 1912

20. UNDERTAKER: F. L. Swim
ADDRESS: Garfield Wash

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 13
County of Latah Primary Registration District No. 1008
City of Moscow (No. ..., St.)
File No. 2497
Registered No. 78
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME G W Goodwin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Cohdc
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Dont Know

6. DATE OF BIRTH: Dont Know 1 (Month) (Day) (Year)

7. AGE: Dont Know yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: dont Know
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): dont Know

10. NAME OF FATHER: dont Know

11. BIRTHPLACE OF FATHER (State or Country): dont Know

12. MAIDEN NAME OF MOTHER: dont Know

13. BIRTHPLACE OF MOTHER (State or Country): dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Stith
(Address) Moscow

15. Filed June 19 1912 D F Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912, to June 16 1912, that I last saw him ~~alive~~ after death 191..., and that death occurred on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows: Cuside by taking carbolic acid

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

June 19 (Duration) ... yrs. ... mos. ... ds.

(Signed) L B McCarter Coroner M. D.

June 19 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: June 19 1912

20. UNDERTAKER: Geo Stith
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 2498
Registered No. 77
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Timothy J. Keane

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 2 (Day) 1851 (Year)

7. AGE: 61 yrs. 6 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION: Farmer
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: James J. Keane

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Margret McCoalef

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J J Keane
(Address) Moscow

15.
Filed June 29 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912; to June 29 1912 that I last saw him alive on June 29 1912, and that death occurred on the date stated above, at 9:45 A.M.

The CAUSE OF DEATH* was as follows:
Pyonephrosis
..... (Duration) 15 yrs. ..... mos. ..... ds.
Contributory (Secondary) Prostatic trouble
(..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. J. Fontenay M. D.
June 29 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Genesee — DATE OF BURIAL: July 1 1912

20. UNDERTAKER: Geo Stith — ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Avon

Registration District No. 15
Primary Registration District No. 2068
(No. ..... St.)

File No. 2499
Registered No. 72

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Glen Lee Pettet

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 16 (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: infant
(b) General nature of industry business or establishment in which employed (or employer): "

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Jacob A. Pettet

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Florence M. Wells

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Hanst
(Address) Deary

15.
Filed 6/21 1912 H. C. Hanst
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912, to ..... 191..
that I last saw h er alive on June 17 1912.
and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
convulsions
probably cerebral
Was not present
(Duration) ..... hours

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Hanst M. D.
6/21 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Avon Cemetery
DATE OF BURIAL ..... 191..

20. UNDERTAKER: none
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

Registration District No. 2068 15-

Primary Registration District No. 15 2068

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2500

Registered No. 75-

1. PLACE OF DEATH.
County of Latah
City of Helmer
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carl L Hanson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married.

6. DATE OF BIRTH: May (Month) 20 (Day) 1862 (Year)

7. AGE: 50 yrs. 1 mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: machinist
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Alexander Hanson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Louisa B. Peterson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman P Hanson
(Address) Helmer

15.
Filed 6/21 1912 P. C. Faust
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17 1912, to ~ 191~
that I last saw him alive on June 17 1912.
and that death occurred on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:
heart trouble, I would judge from what is told me. I was not present.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) kidney, spleen & liver complications
(Duration) 0 yrs. 0 mos. 7 ds.
(Signed) P. C. Faust M. D.
6/21 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Zion Cemetery
DATE OF BURIAL: 6/21 1912

20. UNDERTAKER: none
ADDRESS: ~

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-1[illegible] CERTIFICATE OF DEATH State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Latah Primary Registration District No. 1008 File No. 2501
City of Moscow (No. ....., ... St.) Registered No. 74
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Charles Albert Vickrey
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Read statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Oct (Month) 31 (Day) 1872 (Year)
7. AGE: 39 yrs. 8 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Missouri
10. NAME OF FATHER: G B Vickrey
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Reed
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bert L Vickrey
(Address) Winona Wash.
15. Filed July 12 1912 [redacted] Local[redacted]ar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 3 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 30 1912, to July 3 1912 that I last saw h[illegible] alive on July 3 1912, and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Carcinoma of bowels for [illegible] use of morphine & cocaine
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Stacefell M D
19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: July 5 1912
20. UNDERTAKER: Geo Foltz — ADDRESS: Moscow

[illegible]YNS-YORK CO., PRINTERS & [illegible]INDERS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH
NS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
t of OCCUPATION is very important. See instructions on back of certificate.

...tate of Idaho
...D OF HEALTH
...of Vital Statistics

County of Gooding Primary Registration District No. 2205 File No. 2502

City of Hope Idaho (No. ....., ... St.) Registered No. 105

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marcelus Lindal

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 17 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): Student

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: C. A. Lindal.

11. BIRTHPLACE OF FATHER (State or Country): Ia.

12. MAIDEN NAME OF MOTHER: Mecaard

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. A. Lindal
(Address) Hope Idaho

15. June 8 1912 M. McKenzie

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3rd 1912, to June 8th 1912 that I last saw him alive on June 8th 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Diptheria

..... (Duration) ..... yrs. Dys mos. ..... ds.

Contributory .....

(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Hawkins M. D.

June 10th 1912 (Address) Hope Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hope — DATE OF BURIAL: 6/10 1912

UNDERTAKER — ADDRESS

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2503
Registered No. 108

1. PLACE OF DEATH.
County of Boner
City of Hope
(No. ..... St.)

Registration District No. 8
Primary Registration District No. 2036

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Lundsley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: June (Month) 16 (Day) 1826 (Year)

7. AGE: 86 yrs. 5 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York.

10. NAME OF FATHER: Van Horton

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Brower
(Address) Grandpoint

15.
Filed July 8 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 17th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1912 to ..... 191..
that I last saw h[illegible] alive on June 16th 1912
and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:
Senility.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. J. Harris M. D.
June 17 1912 (Address) Hope, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hope
DATE OF BURIAL: 6/18 191 2

20. UNDERTAKER: E. M. Brower
ADDRESS: Grandpoint

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2504
Registered No. 104

1. PLACE OF DEATH.
County of Bonner
City of Newport

Registration District No. 8
Primary Registration District No. 2134
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Florian Aigner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 4 (Day) 1852 (Year)

7. AGE: 60 yrs. 1 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Aigner

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Margret Knupst

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Rogers
(Address) Newport Wash

15.
Filed June 18 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1912, to June 14 1912
that I last saw ~~him~~ alive on June 14 1912
~~did not see him~~
and that death occurred on the date stated above, at 12.45 M.

The CAUSE OF DEATH* was as follows:
Hemorrage of Brain
Five minutes
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Rogers M. D.
June 14 1912 (Address) Newport Wash

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Newport Wash
DATE OF BURIAL: June 15 1912

20. UNDERTAKER: None
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

9

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2505
Registered No. 112

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
(No. ....., ... St.)
Registration District No. 8
Primary Registration District No. 2033
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Hess

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 40 yrs. + mos. + ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Jack
(b) General nature of industry business or establishment in which employed (or employer): Camp Work

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Do

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brouse
(Address) Sand point

15.
Filed July 8 1917 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) ..... (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm Kramer M. D.
6/ 1917 (Address) Hope Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cemetary — DATE OF BURIAL: July 9 1917
20. UNDERTAKER: Bonner Sandpoint — ADDRESS: Sand Point

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2506
Registered No. 113

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2833
City of Sandpoint (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unknown negro

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Unknown
6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)
7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country)
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (State or Country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (State or Country)
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Brayton
(Address) Sandpoint
15.
Filed July 8 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 30 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Struck by Train
(Duration) Inst yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm Knapp M. D.
6/30 1912 (Address) Hope Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: SANDPOINT, — DATE OF BURIAL: July x 1912
20. UNDERTAKER: Brown — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2507
Registered No. 163

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint (No. , St.)
Registration District No. 8
Primary Registration District No. 2033
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME C. Nelson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married
6. DATE OF BIRTH: Dec 12 1884 (Month) (Day) (Year)
7. AGE: 28 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Nor-
10. NAME OF FATHER: unknown.
11. BIRTHPLACE OF FATHER (State or Country): Texas
12. MAIDEN NAME OF MOTHER: unknown.
13. BIRTHPLACE OF MOTHER (State or Country): Denmark.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucy R. Nelson.
(Address) Coeur d'Alene.
15. Filed 6/3 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 2 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 20 1912, to June 2 1912
that I last saw him alive on June 2 1912
and that death occurred on the date stated above, at 11 A M.
The CAUSE OF DEATH* was as follows:
Cholecystitis
(Duration) 10 days.
Contributory Gastritis & Typhoid Fever
(Secondary)
(Duration) yrs. mos. 29 ds.
(Signed) M. McKinnon M. D.
6/8 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Hays Springs Neb. DATE OF BURIAL: June 4 1912
20. UNDERTAKER: E. M. Brown ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

(3)

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2508
Registered No. 106.

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

2. FULL NAME Astrabel Bowen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Sept (Month) 20 (Day) 1911 (Year)

7. AGE: — yrs. 8 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sandpoint

10. NAME OF FATHER: A. H. Bowen

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Lillibel Sypher

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. H. Bowen
(Address) Sandpoint Ida.

15.
Filed July 6 1912 — M. McKinnon, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth 1911, to June 15 1912
that I last saw her alive on June 15 1912
and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:
Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Premature birth — Gastritis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. McKinnon M. D.
June 15 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane Ivy. Masonic — DATE OF BURIAL: June 17 1912

20. UNDERTAKER: E. W. Prosser — ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

6

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2509
Registered No. 109

1. PLACE OF DEATH.
County of Bonner
City of Sand Point (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 1033

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fred Newman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 19 (Day) 1887 (Year)

7. AGE: 24 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Com. Laborer.
(b) General nature of industry business or establishment in which employed (or employer): Saw mill

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Newman

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Organ
(Address) Sand Point Idaho

15. Filed July 8 1912 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental drowning
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm M Griffith M. D.
6/24/1912 (Address) Hope

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cem. DATE OF BURIAL: June 26 1912

20. UNDERTAKER: E M Brower ADDRESS: SANDPOINT,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2510
Registered No. 110

1. PLACE OF DEATH.
County of
City of
(No. St.)
Registration District No. 8
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clyde P. Organ

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: (Month) (Day) 1 (Year)

7. AGE: 25 yrs. 6 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Brakeman
(b) General nature of industry business or establishment in which employed (or employer): G. N. R. R.

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: J. W. Organ.

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Emma Sellers.

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Organ
(Address) Hubbarte.

15.
Filed July 8 1912 W. W. McKinney
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows?
R. R. Wreck.- Falling in River + Drowning.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. W. McKinney M. D.
6/14 1912 (Address) Hope Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash. DATE OF BURIAL: June 29 1912
20. UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2511

1. PLACE OF DEATH.
County of Bannock
City of ..... (No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2033

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Sarah Jane Race

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 9 (Day) 1852 (Year)

7. AGE: 59 yrs. 9 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich.

10. NAME OF FATHER: J. M. Krusen.

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Lee

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. F. Race
(Address) Sand Point Idaho.

15. Filed July 8 1917 W. H. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 29 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1917, to June 28 1917
that I last saw her alive on June 28 1917
and that death occurred on the date stated above, at 6.30 A.M.
The CAUSE OF DEATH* was as follows:

Cancer of the breast

..... (Duration) 6 yrs. ..... mos. ..... ds.
Contributory (Secondary) Had Left breast removed 6 years ago
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. McKinnon M. D.
6/29 1917 (Address) Sand Point

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: .....
DATE OF BURIAL: July 1 1917

20. UNDERTAKER: .....
ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2512
Registered No. 101

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Nonmeer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... 1 .....
(Month) (Day) (Year)

7. AGE: 60 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Common

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Do

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E M Brower
(Address) Sandpoint

15.
Filed July 8 1912 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 14 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1912, to May 1912
that I last saw him alive on June 13 1912
and that death occurred on the date stated above, at 11 A M.
The CAUSE OF DEATH* was as follows:
Pneumonia Acute

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. McKinnon M. D.
June 15 1912 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 60 yrs 7 mos ..... ds. In the City Hospital State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Priest River
Former or usual residence Priest River

19. PLACE OF BURIAL OR REMOVAL: Lakeview Cem. DATE OF BURIAL: 6/17 1912

20. UNDERTAKER: E M Brower ADDRESS: Sandpoint

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2514
Registered No. 29

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2098
City of Montpelier Ida (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louise Ryan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH: 1 (Month) 12 (Day) 1912 (Year)

7. AGE: — yrs. 4 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country) Montpelier Ida

10. NAME OF FATHER John Ryan

11. BIRTHPLACE OF FATHER (State or Country) Columbus Neb.

12. MAIDEN NAME OF MOTHER Sarah Perkins

13. BIRTHPLACE OF MOTHER (State or Country) Montpelier Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. F. Gregory M.D.
(Address) Montpelier Idaho

15. Filed June 10 1912 J. M. Haywood Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30 1912, to June 6" 1912, that I last saw her alive on June 6" 1912 and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Toxic Insanity
(Intestinal Autointoxication)

(Duration) — yrs. — mos. 17 ds.

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) E. F. Gregory M. D.
19 (Address) Montpelier Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier Ida | DATE OF BURIAL: 6/7 1912

20. UNDERTAKER: Vincent Furn. Co. | ADDRESS: Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

TIMES-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bear Lake
City of Montpelier (No. ....., ... St.)

Registration District No. 24
Primary Registration District No. 2098

File No. 2515
Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sylvia Lucy Cornford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 13th (Day) 1910 (Year)

7. AGE: 2 yrs. 2 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montpelier

10. NAME OF FATHER: George Jos. Cornford

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Magdalene Buckley

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George J. Cornford
(Address) Montpelier Idaho

15. Filed June 10 1912 Jill Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1912, to June 7 1912
that I last saw h[illegible] alive on June 7 1912
and that death occurred on the date stated above, at 7P M.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Bronchial pneumonia)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Measles
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Geo F. Cutler M. D.
June 9 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. 2 mos. 21 ds. In the State 2 yrs. 2 mos. 21 ds.
Where was disease contracted, if not at place of death? Montpelier
Former or usual residence ..... " "

19. PLACE OF BURIAL OR REMOVAL: Montpelier
DATE OF BURIAL: June 9th 1912

20. UNDERTAKER: None
ADDRESS: —

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Bloomington
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2091
(No. ....., ... St.)

File No. 2516
Registered No. 28

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Wilburn Welker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 3 (Day) 1912 (Year)

7. AGE: 87 yrs. 3 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or 2.5 min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith & Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio, U. S.

10. NAME OF FATHER: James Welker

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Elizabeth Stoker

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy A. Welker
(Address) Paris, Idaho.

15. Filed June 12 1912 J. H. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Old age
No attending physician
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bloomington
DATE OF BURIAL: May 5 1912

20. UNDERTAKER: None
ADDRESS: None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SIMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2517
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan (No. ....., ... St.)
Registration District No. 43
Primary Registration District No. 2107

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Daughlin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Jan (Month) 25 (Day) 18 (Year)

7. AGE: 47 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mining
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: Thomas Daughlin

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Catherine Moore

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Daughlin
(Address) Mullan Ida

15. Filed June 19 1912 F W Ralfs Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912, to June 17 1912 that I last saw him alive on June 17 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

about (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F W Ralfs M. D.
June 18 1912 (Address) Mullan

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace & Back to Mulla — DATE OF BURIAL: June 19 1912

20. UNDERTAKER: H P Ward — ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Dr. Chas. A. Bellman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2518
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Kellogg
(No. ....., ... St.)

Registration District No. 25
Primary Registration District No. 2105

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Martin Lambert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 6 (Month) 10 (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kellogg, Idaho

10. NAME OF FATHER: P. Lambert

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Pearl Harvey

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed ..... 191...
Dr. Chas. A. Dittman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/10 1912 to 6/13 1912 that I last saw h.im alive on 6/13 1912 and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Don't Know.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. R. Mason, M. D.
6/24 1912 (Address) Kellogg,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: June 6 1912

20. UNDERTAKER: Fuller
ADDRESS: Kellogg Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2519
Registered No. 2520

1. PLACE OF DEATH.
County of Bonner
City of Newport.
(No. ....., ... St.)
Registration District No. .....
Primary Registration District No. .....
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Orval Boston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Nov. (Month) 2 (Day) 1895 (Year)

7. AGE: 16 yrs. 7 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work. Laborer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ida.

10. NAME OF FATHER: S. C Boston

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Susan Yeadon

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Boston
(Address) Newport

15. Filed June 20 1912 M McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) ..... (Day) 191.. (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191.., to ..... 191.. that I last saw h..... alive on ..... 191.. and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidental Drowning

..... (~~Duration~~) ..... yrs. ..... mos. ..... ds.

~~Contributory~~ (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. P. Patterson Acting Coroner Bonner Co. Idaho M. D.
..... 19.. (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Newport June 19 1912
DATE OF BURIAL: 6-19 1912

20. UNDERTAKER: Harding & Harding
ADDRESS: Newport

SYMS-YORK CO., PRINTERS & BINDERS, SCISL 17148

Form V. S. No. 3. 20M-1-16-12

CERTIFICATE OF DEATH

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fayette
City of Fayette (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 3205

File No. 2521
Registered No. 36
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James H. Page

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word.): Married

6. DATE OF BIRTH: Oct (Month) 2 (Day) 1870 (Year)

7. AGE: 41 yrs. 9 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Calvin Page

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Catharine Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E J Page
(Address) Fayette

15. Filed July 10 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9 1912, to July 9 1912
that I last saw h. alive on July 9 1912
and that death occurred on the date stated above, at 6.30 M.

The CAUSE OF DEATH* was as follows:
Broken Neck caused by a fall from a load of Hay
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Woodward M. D.
7/10 1912 (Address) Fayette Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fayette Ida — DATE OF BURIAL: July 11 1912
20. UNDERTAKER: D N. Adair — ADDRESS: Fayette Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
ment of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO. PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11. 4 CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22

County of [illegible] Primary Registration District, No. 2008

City of [illegible] (No. ....., ... St.)

File No. 2522

Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sam Ross

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Known (Month) (Day) 1886 (Year)

7. AGE: 26 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Tramp
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iceland

10. NAME OF FATHER: Hannedum Ross

11. BIRTHPLACE OF FATHER (State or Country): Iceland

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Iceland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J C Woodward
(Address) Payette, Idaho

15.
Filed July 23 1912 J C Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1912, to July 22 1912, that I last saw h[illegible] alive on July 22 1912, and that death occurred on the date stated above, at 10 00 A. M.

The CAUSE OF DEATH* was as follows:
Surgical Shock from amputation of right thigh, crushed in R.R. accident
(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Woodward M. D.
July 23 1912 (Address) Payette Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 5 ds. In the State Not Known yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Not known

19. PLACE OF BURIAL OR REMOVAL: Payette Idaho — DATE OF BURIAL: July 23 1912

20. UNDERTAKER: W O Conoway — ADDRESS: Payette Idaho

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2008
File No. 2523
Registered No. 38

1. PLACE OF DEATH.
County of CANYON
City of PAYETTE IDAHO (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Carl Albin Pitts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Nov. 6 (Month) 6 (Day) 1910 (Year)

7. AGE
1 yrs. 8 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER C. H. Pitts

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Jennie Inman

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Pitts
(Address) Payette Idaho

15.
Filed Aug 23 1912. J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1912, to Aug 2 1912, that I last saw him alive on Aug 1 1912, and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(Duration) yrs. 6 mos. ds.
Contributory (Secondary) Mal Nutrition
(Duration) yrs. mos. ds.

(Signed) J. E. Crouch M. D.
19 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~ J. H. Adair (Payette) DATE OF BURIAL Aug 2 1912

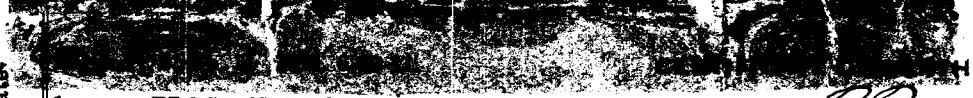
20. UNDERTAKER Payette ADDRESS Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 12760



State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2524

Registered No. 39

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2010
(No. ——, ——— St.)

2. FULL NAME Anna Wolf Wills

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: Nov. (Month) 4 (Day) 1829 (Year)

7. AGE: 82 yrs. 8 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Jacob Wolf

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. W. De Clark
(Address) Emmett Idaho

15.
Filed 7-29-1912
J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1912, to July 27 1912, that I last saw h[illegible] alive on July 27 1912, and that death occurred on the date stated above, at —— M.

The CAUSE OF DEATH* was as follows:
Senile Debility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O. Clark M. D.
July 29 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: July 29 1912

20. UNDERTAKER: C. Buckenum
ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

File No. 2525
Registered No. 65
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Freddie B Simpson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug. (Month) 3 (Day) 1910 (Year)

7. AGE: 1 yrs. 11 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hyrum, Utah

10. NAME OF FATHER: Frank Simpson

11. BIRTHPLACE OF FATHER (State or Country): South Dakota

12. MAIDEN NAME OF MOTHER: Doherty Thijarg

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. F. Simpson
(Address) Pocatello Ida

15. Filed 8/2 191 Karl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 31 (Month) July 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1912, to July 31 1912, that I last saw him alive on July 31 1912 and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH was as follows:
Accidental Asphyxiation

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory Cerebral Hemorrhage
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Bruce Bradley M. D.
Aug 1 1912 (Address) Pocatello Idaho

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida. DATE OF BURIAL: Aug 2 1912

20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19780

Form V. S. No. 5 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 19
County of Bannock
City of Pocatello (No. General Hospital St.)
Primary Registration District No. 1092
File No. 2526
Registered No. 64

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Verna Matthews

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: ✓ (Month) ✓ (Day) 1892 (Year)
7. AGE: 20 yrs. ✓ mos. ✓ ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Utah
10. NAME OF FATHER: Alvin Matthews
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Mary E McArthur
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alvin Matthews
(Address) Marysville Idaho
15. Filed 7/17 1912 Earl D. James Reg'r Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 17 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 14 1912, to July 17 1912
that I last saw her alive on July 17 1912
and that death occurred on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Tuberculosis Peritonitis
followed by Acute Pneumonia
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. Smith Wiseman M. D.
July 17 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted? Marysville Idaho
If not at place of death?
Former or usual residence Marysville Idaho

19. PLACE OF BURIAL OR REMOVAL: Marysville Idaho
DATE OF BURIAL: July 20 1912
20. UNDERTAKER: M. Walker
ADDRESS: Pocatello Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. P... CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ... ment of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

...

County of ... Primary Registration District No. 1003 Bureau of ...

City of Pocatello (No. ... Hospital St.) File No. 25

Registered No. ...

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ... Phillips

If death occurred in a ... stitution or camp gi... instead of street and ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the ...): Married

6. DATE OF BIRTH: Oct 13 ... (Month) (Day) ... (Year)

7. AGE: 30 yrs. 8 mos. 29 ds.

If ... than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Raised Idaho

10. NAME OF FATHER: Ed. Phillips

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizabeth Jones

13. BIRTHPLACE OF MOTHER (State or Country): Logan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. Phillips
(Address) Pocatello Ida

15. Filed 1/13 ... 191 ... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 12 (Month) (Day) ...

17. I HEREBY CERTIFY, That I attended deceased from July 12 191 ..., to July 12 ... that I last saw h... alive on ... and that death occurred on the date stated above, at ...

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) ... yrs. ... mos.

Contributory (Secondary) ...

(Duration) ... yrs. ... mos.

(Signed) H. Smith Dr. ... July 13 191 ... (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: ... DATE OF ... July 1...

20. UNDERTAKER: ... ADDRESS: ... Pocatello

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2528
Registered No. 62

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. N. Harrison ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. M. Maesnheimer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widower

6. DATE OF BIRTH: Oct (Month) 3 (Day) 1835 (Year)

7. AGE: 77 yrs. 8 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Franklin Co Pa

10. NAME OF FATHER: John Maesnheimer

11. BIRTHPLACE OF FATHER (State or Country): Maryland

12. MAIDEN NAME OF MOTHER: Elizabeth Dysert

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Waller
(Address) Pocatello

15.
Filed 7/9 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1912, to July 8 1912
that I last saw h[im] alive on July 7 1912
and that death occurred on the date stated above, at 1A M.

The CAUSE OF DEATH* was as follows:
Hemiplegia - left side
(Duration) yrs. 2 mos. 22 ds.
Contributory (Secondary) Senile debility
(Duration) 2 yrs. - mos. - ds.
(Signed) E. N. Roberts M. D.
July 9 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery
DATE OF BURIAL: July 10 1912

20. UNDERTAKER: W. F. Waller
ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 2529
Registered No. 61

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 658 N. Harrison St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lyman Daughter Mr & Mrs N. L. Harrigan
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July 8 1912
(Month) (Day) (Year)

7. AGE: ... yrs. ... mos. ... ds.
IF LESS than 1 day how many 5 hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello Idaho

10. NAME OF FATHER: N. L. Harrigan

11. BIRTHPLACE OF FATHER (State or Country): Cache Valley Utah

12. MAIDEN NAME OF MOTHER: Myrtle A. Harris

13. BIRTHPLACE OF MOTHER (State or Country): Wyoming

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. L. Harrigan
(Address) 658 N. Harrison

15.
Filed 7/18 1912 Earl D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8" 1912, to July 8" 1912
that I last saw h... alive on July 8" 1912
and that death occurred on the date stated above, at 10 9. M.

The CAUSE OF DEATH* was as follows:
Prematurely

(Duration) ... yrs. ... mos. 5 hours.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) H. A. Castle M. D.
July 8th 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery DATE OF BURIAL: July 9 1912

20. UNDERTAKER: W. T. Walker ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2530
Registered No. 60

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. 7th Ave & Center St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME L. Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
.....yrs. .....mos. .....ds.
IF LESS than 1 day how many.....*hrs. or* .....*min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER.

13. BIRTHPLACE OF MOTHER (State or Country)

Information Unavailable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 7/9 191 2 Earl Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 6 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th 191 2, to July 6th 191 2
that I last saw h— alive on July 6th 191 2
and that death occurred on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH* was as follows:
Myocarditis
Thirty minutes
..... (Duration) .....yrs. .....mos. .....ds.
Contributory .....
(Secondary)
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Dr. Harold Wallace M. D.
July 7th 19 2 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Mountain View Cemetery — DATE OF BURIAL July 9 191 2

20. UNDERTAKER W. R. Walker — ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 3. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2531
Registered No. 59

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1802
(No. 903, So 3rd Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Howard Nostrum

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 12 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: Robert Nostrum

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Maud Harrison

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs R. Nostrum
(Address) Pocatello

15. Filed 7/3 1912 Earl Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to July 2 1912
that I last saw h— alive on July 2 1912
and that death occurred on the date stated above, at 9:30 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia - Broncho

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O. V. Jesse M. D.
July 3, 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery — DATE OF BURIAL: July 4 1912

20. UNDERTAKER: M. F. Walker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Cassia
City of Burley

Registration District No. 31
Primary Registration District No. 214
(No. ....., ... St.)

File No. 2539
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Luther Donald Jespersen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: March (Month) 20 (Day) 1910 (Year)

7. AGE: 2 yrs. 4 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Burley Ida.

10. NAME OF FATHER: Fred W. Jespersen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Evenangelin Retallick

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred W. Jespersen
(Address) Burleigh

15.
Filed Aug 3 1912 L B Blackburn
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1912, to July 30 1912 that I last saw him alive on July 30 1912 and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Cholera Infantum

(Duration) ..... yrs. ..... mos. 17 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Whitten M. D.
July 30 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. 4 mos. 10 ds. In the State 2 yrs. 4 mos. 10 ds.
Where was disease contracted, if not at place of death? at place of death
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida.
DATE OF BURIAL: July 31 1912

20. UNDERTAKER: L. B. Gallagly
ADDRESS: Burley Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 1703, Gst St.)

Registration District No. 16
Primary Registration District No. 1009

File No. 2533
Registered No. 68

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary A Visner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 7 (Month) 3 (Day) 1812 (Year)

7. AGE: 47 yrs. 1 mos. 30 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Fr. A Downey (Dead)

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Sadie Miller

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Visner
(Address) Lewiston

15. Filed 8-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912, to July 3rd 1912 that I last saw her alive on July 2nd 1912 and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis

(Duration) about 4 mos. yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
July 5 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: July 5 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2534

Registered No. 69

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston,

Registration District No. 16
Primary Registration District No. 1609
(No. East Lewiston St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. M. Hand

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Feb. (Month) 12 (Day) 1844 (Year)

7. AGE: 68 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ills.

10. NAME OF FATHER: James Butler

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Anna Jackson

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Hand
(Address) Lewiston

15.
Filed 8-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1912, to July 6th 1912
that I last saw h[illegible] alive on July 5th 1912
and that death occurred on the date stated above, at 5 30 A.M.

The CAUSE OF DEATH* was as follows:
Cardiac Failure,

(Duration) yrs. mos. 15 ds.
Contributory (Secondary) Chronic Interstitial Myocarditis
(Duration) 1 yrs. 6 mos. ds.

(Signed) C. C. Vassar M. D.
July 6th 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston
DATE OF BURIAL: July 8 1912

20. UNDERTAKER: C. J. Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston, (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 1009

File No. 2535
Registered No. 70

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza Emerick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH: Nov (Month) 11 (Day) 1834 (Year)

7. AGE: 77 yrs. 7 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: [redacted] Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Bangor Maine

10. NAME OF FATHER Andrew Hurley (D.D.)

11. BIRTHPLACE OF FATHER (State or Country) Nova Scotia

12. MAIDEN NAME OF MOTHER Jane Moore

13. BIRTHPLACE OF MOTHER (State or Country) Nova Scotia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. W. Larson
(Address) Lewiston

15. Filed 8-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1912 to July 6th 1912 that I last saw her alive on July 5th 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Strangulated Inguinal Hernia
about
(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) Inguinal Hernia
(Duration) about 6 yrs. 6 mos. ——— ds.

(Signed) Edgar L. White M. D.
July 6 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Portland Oregon
DATE OF BURIAL: shipment July 7th 1912

20. UNDERTAKER: C. J. Vassar.
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2536
Registered No. 71

1. PLACE OF DEATH.
County of Nez Perce
City of Gifford
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

2. FULL NAME Irvin E. Storrick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 5 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ida

10. NAME OF FATHER: T. D. Storrick

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Stoerck

13. BIRTHPLACE OF MOTHER (State or Country): Wisc

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Stoerck
(Address) Gifford Ida

15.
Filed 7-14 1912 E. E. Watts, Local Registrar
8-10 1912 L. J. Peters

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-14 1912, to 7-14 1912
that I last saw him alive on 7-14 1912
and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

— (Duration) — yrs. — mos. 2 ds.
Contributory Non viability
(Secondary)
..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) E. E. Watts M. D.
July 14 1912 (Address) Gifford

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gifford Ida
DATE OF BURIAL: 7-16 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2537
Registered No. 72

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Lahoma
City of Nez Perce

Registration District No. 16
Primary Registration District No. 2117
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Redding

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1835 (Year)

7. AGE: 77 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ind

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Kan

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Kan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M. Alley
(Address) Lahoma

15. Filed July 17 1912
8-10-1912 L. J. Gibbons Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1912, to July 15 1912
that I last saw her alive on July 18 1912
and that death occurred on the date stated above, at 11 P. M.
The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M. Alley M. D.
July 17 1912 (Address) Lahoma Okla

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lahoma
DATE OF BURIAL: July 20 1912

20. UNDERTAKER: None
ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2538
Registered No. 73

1. PLACE OF DEATH.
County of Nez Perce
City of Lapwai Ida.

Registration District No. 16
Primary Registration District No. 2117
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Gustave Westling

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	Single

6. DATE OF BIRTH Sept 4th 1881
(Month) (Day) (Year)

7. AGE 25 yrs. 10 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Minnesota

10. NAME OF FATHER Adolph Westling

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Amanda Swanson

13. BIRTHPLACE OF MOTHER (State or Country) Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chester Westlings
(Address) Lapwai Ida.

15.
Filed 8-10 1912 S. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1911, to July 18th 1912 that I last saw him alive on June 8th 1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) O. E. Carrson M. D.
July 18th 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
to Lewiston	20 1912

20. UNDERTAKER	ADDRESS
C. J. Vassar	Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

[redacted]

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2539

Registered No. 74

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Nezperce

City of Cresley. Ida.

Registration District No. 16

Primary Registration District No. 2074

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bobby Rickman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Boy	White	

6. DATE OF BIRTH March 16th 1912.
(Month) (Day) (Year)

7. AGE ..... yrs. 4 mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cresley Ida.

10. NAME OF FATHER Floyd Rickman

11. BIRTHPLACE OF FATHER (State or Country) Washington

12. MAIDEN NAME OF MOTHER Vannoostrum

13. BIRTHPLACE OF MOTHER (State or Country) Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) Cresley Ida

15.
Filed 7-22 1912. E E Watts
8-10-1912 L J Perkins Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 19th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1912, to Date of Death 1912 that I last saw him alive on July 17th 1912 and that death occurred on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. 16 ds.

Contributory (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) J J Stevenson M. D.

July 19th 1912 (Address) Lewiston, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.

In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 2510
Registered No. 75

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gertrude Elizabeth Kettenbach

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Caucasian	Single

6. DATE OF BIRTH: July (Month) 12 (Day) 1855 (Year)

7. AGE: 57 yrs. — mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Henry Kettenbach

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank W Kettenbach
(Address) Lewiston Idaho

15. Filed 8-10 1912 L. J. Parsons Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1912, to July 26 1912 that I last saw h er alive on July 25 1912 and that death occurred on the date stated above, at 2.30 A M.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia.

(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary) Pernicious anaemia
(Duration) 2 yrs. — mos. — ds.

(Signed) Edgar L. White M. D.
July 27 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Indiana — DATE OF BURIAL ..... 191...

20. UNDERTAKER: A. J. Larsen — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2542

Registered No. 77

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. 2401 8th Ave., St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gertrude Goble

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 1 (Day) 12 (Year)

7. AGE: ..... yrs. ..... mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: Lon E Goble

11. BIRTHPLACE OF FATHER (State or Country): West Penn

12. MAIDEN NAME OF MOTHER: Bertha Leachman

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clyde Leachman
(Address)

15. Filed 8-10 1912 L.J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/21 1912, to 7/27 1912 that I last saw her alive on 7/27 1912 and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Whooping Cough

..... (Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Samson M. D.
7/29 1912 (Address) 205 Idaho Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: July 28 1912

20. UNDERTAKER: C. Nassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idah
BOARD OF HEA
Bureau of Vital Sta

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 2073
City of Culdesac (No. ..... St.)
File No. 254
Registered No. 78

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Charles E Carlisle

If death occurred in a hos
stitution or camp give it
instead of street and nu

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 15 (Day) 1867 (Year)

7. AGE: 44 yrs. 7 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Polk Co. Oregon

10. NAME OF FATHER: Eben Carlisle

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Matilda Symons

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elmira F Carlisle
(Address) Culdesac Idaho

15.
Filed 8-10 1912 L J Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 17 (Day)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to June 17 1912, that I last saw him alive on ..... and that death occurred on the date stated above, at .....

The CAUSE OF DEATH* was as follows:
Heart disease
Contributory Myocarditis Regurgitation

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Julius M. Adler M. D.
June 17 1912 (Address) Lapwai Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Culdesac — DATE OF BURIAL: June 14 1912

20. UNDERTAKER: W E Goddard — ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF D[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Treasurton (No. ....., ... St.)

Registration District No. [redacted]
Primary Registration District No. 2119

File No. 2514
Registered No. 69

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME David Moser

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: July (Month) 15 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Treasurton Ida

10. NAME OF FATHER: John David Moser

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Alene Tayler

13. BIRTHPLACE OF MOTHER (State or Country): Preston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. R. Taylor
(Address) Treasurton Ida.

15.
Filed July 18 1912 G. P. Cuney Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 16 (Day) 191[redacted] (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/15 1912, to 7/16 1912, that I last saw him alive on 7/16 1912, and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Was Born Dead by Artificial Respiration but was unable to maintain life

..... (Duration) ..... yrs. ..... mos. One ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen R Wyeth M. D.
7-16 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Treasurton Idaho
DATE OF BURIAL: July 17 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston Ida

STAR-NORK CO., PRINTERS & BINDERS, BOISE 17143

Aug 7-1912 J. C. Ray Co Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2515
Registered No. 60

1. PLACE OF DEATH.
County of Oneida
City of Franklin

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME No Name

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): ✓

6. DATE OF BIRTH: June (Month) 23 (Day) 1912 (Year)

7. AGE: ✓ yrs. ✓ mos. 2 ds. IF LESS than 1 day how many ✓ hrs. or ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Franklin Oneida Co Idaho

10. NAME OF FATHER: Robt Alonzo Lamont

11. BIRTHPLACE OF FATHER (State or Country): Franklin Ida

12. MAIDEN NAME OF MOTHER: Nora Morrison

13. BIRTHPLACE OF MOTHER (State or Country): Preston Oneida Co Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G W States
(Address) Franklin Ida

15. Filed 7-22 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912, to July 19 1912, that I last saw h in alive on July 19 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) — yrs. — mos. 14 ds.

Contributory (Secondary): ✓

(Duration) ✓ yrs. ..... mos. ..... ds.

(Signed) G W States M. D.

July 20 1912 (Address) Franklin Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Franklin Ida — DATE OF BURIAL: July 21 1912

20. UNDERTAKER: F. G. Lowe — ADDRESS: Franklin Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2546
Registered No. 61

1. PLACE OF DEATH.
County of Oneida
City of Malad
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 2069
(No. ....., ... St.)

2. FULL NAME Hugh W Thomas

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: January (Month) 29 (Day) 1828 (Year)

7. AGE: 83 yrs. 4 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): South Wales

10. NAME OF FATHER: David Thomas

11. BIRTHPLACE OF FATHER (State or Country): South Wales

12. MAIDEN NAME OF MOTHER: Elizabeth Williams

13. BIRTHPLACE OF MOTHER (State or Country): South Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): D Sperry Thomas
(Address): Malad Idaho

15. Filed 7-12 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on May 29 1912
and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:

General debility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
7-12 1912 (Address) Malad City Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Malad City
DATE OF BURIAL: January 1912

20. UNDERTAKER: D E Johnston
ADDRESS: Malad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 18
County of Owyhee Primary Registration District No. 2069
City of Cherry Creek (No. ....., ... St.)
File No. 215
Registered No. 63

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edna Jones.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Caucasian	Single

6. DATE OF BIRTH: 7 (Month) 1 (Day) 1912 (Year)

7. AGE: ..... yrs. 10 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Cherry Creek

10. NAME OF FATHER: John M. Jones.

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Ewen Williams

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M Jones
(Address) Mabel R.F.D. No 2

15. Filed July 12 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) – 1 (Day) – 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/24 1912, to 7/1 1912
that I last saw her alive on 7/1 1912
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Broncho. Pneumonia.

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory Carditis.
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. M. Nims M. D.
7/1 1912 (Address) Mabel Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sheep Creek. DATE OF BURIAL: June 3 1912

20. UNDERTAKER: R. E. Johnson ADDRESS: Mabel.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 18
County of Ineida Primary Registration District No. 2569
City of Malad (No. ....., ... St.)
File No. 2549
Registered No. 64

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wellha W Drake

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Apr (Month) 13 (Day) 1853 (Year)

7. AGE: 22 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: house work
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Drake
(Address) Challis Idaho

15.
Filed July 13 1912 — D C Ray — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 1 1912, to July 13 1912 that I last saw he alive on July 12 1912 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Cardiac lesion

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D C Ray M. D.
7-13 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad City Idaho — DATE OF BURIAL: July 15 1912

20. UNDERTAKER: D E Johnson — ADDRESS: Malad City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2550
Registered No. 63

1. PLACE OF DEATH. County of Oneida City of American Fa... ..., ...St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
...ary Registration District No. 1917

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James William Gifford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
...GLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Aug. (Month) 25 (Day) 1857 (Year)

7. AGE: 54 yrs. 10 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Book keeper
(b) General nature of industry, business or establishment in which employed (or employer): General merchandise

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Matilda Gifford
(Address) American Falls

15. Filed July 1 1912 Richard T. Mock Local Registrar
D. C. Ray

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1912, to June 30 1912
that I last saw h[illegible] alive on June 30 1912
and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of the liver
about 2
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Pneumonia
(Duration) ... yrs. ... mos. 14 ds.

(Signed) Richard T. Mock M. D.
July 1 1912 (Address) American Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: American Falls
DATE OF BURIAL: July 2 1912

20. UNDERTAKER: Justice & Fulch
ADDRESS: American Falls

SYMS-YORK CO., PRINTERS & BINDERS. SOISL 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 108
(No. ....., ... St.)

File No. 2551
Registered No. 86

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Adoniram Judson Simpson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: Dec 13 (Month) (Day) 1846 (Year)

7. AGE: 66 yrs. 6 mos. 25 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired R.R. Mail Clerk
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hennepin Ill

10. NAME OF FATHER: James Simpson

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Lucy A Mason

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C F Watkins
(Address) Moscow

15. Filed July 8 1912 D F Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw him alive on July 1912
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Heart Failure. Fell dead on street

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Diabetes mellitus

(Duration) 4 or 5 yrs. ..... mos. ..... ds.

(Signed) D F Rae M. D.
July 10 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: July 8 1913

20. UNDERTAKER: Geo Stitt
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12-½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2045

County of Idaho,

Primary Registration District No. 10

~~City of~~ Westlake Precinct (No. ....., ... St.)

File No. [illegible]

Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eggie May Potter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov 28 1883 (Month) (Day) (Year)

7. AGE: 28 yrs. 7 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): S Dakota

10. NAME OF FATHER: William E Swatman

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Rebecca Jane Van Orsdol

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Swatman
(Address) Westlake Idaho

15.
Filed July 22 1912 G S Stockton per B Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 21 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 1912, to July 21 1912 that I last saw her alive on July 21 1912 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Puerperal Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B Blake M. D.
July 22 1912 (Address) Kentonville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Westlake Cemetery Idaho — DATE OF BURIAL: July 23 1912

20. UNDERTAKER: None — ADDRESS

ment of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2553
Registered No. 36

1. PLACE OF DEATH.
County of Idaho
~~City of~~ Lost Creek

Registration District No. 2042
Primary Registration District No. 10
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jose Hurtado

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

7. AGE: 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sheepherder
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mexico

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lester Milligan for Blake
(Address) McCall Idaho

15.
Filed July 17 1912 — G S Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ ..... 191 ..... to ..... 191 .....
that I last saw h... alive on ..... 191 .....
~~and that death occurred on the date stated above, at ..... M.~~

The CAUSE OF DEATH* was as follows:
Homicide by Firearms

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B Blake M. D.
July 16 1912 (Address) Coroner Idaho Co.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ordered buried by Coroner at Lost Creek Idaho County Idaho
DATE OF BURIAL: July 16 1912

20. UNDERTAKER: none
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2554
Registered No. 35

1. PLACE OF DEATH.
County of Idaho
City of Whitebird

Registration District No. 10
Primary Registration District No. 2041
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Noyes Crooks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 17 (Day) 1884 (Year)

7. AGE: 28 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): "

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Jacob Crooks

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Victoria Chamberlain

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jacob Crooks
(Address) Whitebird Ida

15.
Filed Aug 2 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 17 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14 1912, to July 17 1912 that I last saw h alive on July 17 1912 and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Appendicitis with perforation

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W A Foskett M. D.
1912 (Address) Whitebird Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Whitebird Ida
DATE OF BURIAL: July 18 1912

20. UNDERTAKER: Hancock
ADDRESS: Whitebird Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10

County of Idaho Primary Registration District No. 1001

File No. 2331

City of Grangeville (No. ....., ... St.) Registered No. 54

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Laura Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 10th (Day) 1892 (Year)

7. AGE: 20 yrs. mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: none —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Charmer New Mexico

10. NAME OF FATHER: Agustus Brower

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Carrie Hotewarl

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Carrie Brown
(Address) Hospelen

15. Filed July 23 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1912, to July 22 1912 that I last saw her alive on July 14 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
unknown — Proper measures for diagnosis refused —
(Duration) about 8 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
July 23 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hospelen Idaho — DATE OF BURIAL: July 24 1912

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

YMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 256
Registered No. 1-3

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001

2. FULL NAME Laurence Creighton Chadwick
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 20 (Day) 1858 (Year)

7. AGE: 53 yrs. 11 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stenographer
(b) General nature of industry business or establishment in which employed (or employer): U.S. Commissioner.

9. BIRTHPLACE (State or Country): Chautauqua Co. New York

10. NAME OF FATHER: Benjamin F. Chadwick

11. BIRTHPLACE OF FATHER (State or Country): don't Know

12. MAIDEN NAME OF MOTHER: Maria Rowe.

13. BIRTHPLACE OF MOTHER (State or Country): don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leafy R. Chadwick.
(Address) Grangeville

15.
Filed July 20 1912 G. L. Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27 1912, to July 17 1912, that I last saw h— alive on June 12 1912, and that death occurred on the date stated above, at 7.15 A. M.

The CAUSE OF DEATH* was as follows:
accidental gun shot wound. Lockjaw with convulsions while cleaning gun when same was discharged
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. L. Stockton M. D.
July 20 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: July 21 1912

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 2557
Registered No. .....
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Nellie M. Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. (Write the word.): Married

6. DATE OF BIRTH: Not Known (Month) ..... (Day) 1871 (Year)

7. AGE: 41 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: John Daniel.

11. BIRTHPLACE OF FATHER (State or Country): Not Known.

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Carothers
(Address) Moscow, Idaho.

15. Filed July 10 1912 L. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9" 1912, to July 10" 1912
that I last saw her alive on July 10" 1912,
and that death occurred on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:
Gangrenous Peritonitis from ruptured bowel, caused by obstruction

(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Obstruction due to obstruction band from ventral fixation.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Carothers M. D.
July 10" 1912 (Address) Moscow Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Leland Hospital ..... yrs. ..... mos. 2 ds. In the State 20 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Near Kendrick Id.
Former or usual residence Near Kendrick Idaho

19. PLACE OF BURIAL OR REMOVAL: Linden, Idaho. DATE OF BURIAL: July 11" 1912

20. UNDERTAKER: Geo Stelty ADDRESS: Moscow Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

X38

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 2558
Registered No. 89
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry Huck

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 5 (Day) 1877 (Year)

7. AGE: 84 yrs. 7 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Forest Ranger
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Joseph Huck

11. BIRTHPLACE OF FATHER (State or Country): Europe

12. MAIDEN NAME OF MOTHER: Anna

13. BIRTHPLACE OF MOTHER (State or Country): Dutch Prov

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ada O. Smith
(Address) Salinas, Calif.

15. Filed July 16 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9 - 1912, to July 15 1912, that I last saw him alive on July 15 1912, and that death occurred on the date stated above, at 4:45 P. M.

The CAUSE OF DEATH* was as follows:
Mediastinal Growth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Erlman M. D.
July 16 1912 (Address) Moscow, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida
DATE OF BURIAL: July 17 1912

20. UNDERTAKER: Geo Glitz
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2559

1. PLACE OF DEATH.
County of Latah
City of Moscow (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 1008
93 Registered No. ~~93~~

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry N. Halvorson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: May (Month) 31 (Day) 1862 (Year)

7. AGE: 50 yrs. 1 mos. 25 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Dairyman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Nels Halvorson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Thora Nuland

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tillie C. Halvorson
(Address) Moscow Idaho

15. Filed July 26 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1912, to July 25 1912, that I last saw him alive on July 23 1912, and that death occurred on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:
Heart failure during an attack of asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Asthma & Chronic Bronchitis

..... (Duration) 4 M. 1 yrs. ..... mos. ..... ds.

(Signed) D. F. Rae M. D.

July 26 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: July 29 1912

20. UNDERTAKER: Geo Kelly — ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Howell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 2561
Registered No. 85

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emil Davidson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write one word.)
Male	White	Single

6. DATE OF BIRTH
Dec [illegible] 18
(Month) (Day) (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Russia

10. NAME OF FATHER John Davidson

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Emilie Johnson

13. BIRTHPLACE OF MOTHER (State or Country) Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Davidson
(Address) Howells

15. Filed July 25 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July 25 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:
Heart Failure
Had no physician for last 2 years
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Paralyzed after Typhoid
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. F. Rae Health Officer
19.... (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: July 25 1912

20. UNDERTAKER: Geo Hully — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 224M-7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Ada Primary Registration District No. 2862
City of Freeze (No. ....., ... St.)
File No. 2561
Registered No. 88

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ellenson Bailey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH: Feb (Month) 9 (Day) 1838 (Year)

7. AGE: 74 yrs. 4 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: John R Hughes

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Elizabeth Strong

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Joseph Bramwell
(Address) Emmett Ida

15. Filed July 7 1912 S F Ran Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1912, to July 6 1912
that I last saw h[illegible] alive on June 25 1912
and that death occurred on the date stated above, at 4 PM
The CAUSE OF DEATH* was as follows:

[illegible]

..... (Duration) ..... yrs. 2 mos. ..... ds.
Contributory Arteriosclerosis
(Secondary)
..... (Duration) 3 yrs. ..... mos. ..... ds.
(Signed) H F Reed M. D.
July 6 19 12 (Address) Garfield Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Freeze Ada — DATE OF BURIAL: July 7 1912

20. UNDERTAKER: P L Gwinn — ADDRESS: Garfield Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 2562
Registered No. 90
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Herman Arthur Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: February (Month) 6 (Day) 1898 (Year)

7. AGE: 14 yrs. 5 mos. 8 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Moscow, Idaho.

10. NAME OF FATHER: Hans L. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Regina Olson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma Johnson
(Address) Moscow, Ida.

15. Filed July 16 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on ..... 191...,
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Drowning accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. F. Coe M. D.
July 16 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: July 17 1912

20. UNDERTAKER: Geo Skelly
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow

Registration District No. 16
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 2563
Registered No. 91

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John C. L. Hargis.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Sept 18 1831 (Month) (Day) (Year)

7. AGE: 80 yrs. 10 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Marion Co. Tennessee

10. NAME OF FATHER: dont Know

11. BIRTHPLACE OF FATHER (State or Country): dont Know

12. MAIDEN NAME OF MOTHER: dont Know

13. BIRTHPLACE OF MOTHER (State or Country): dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances H Taylor
(Address) Moscow Ida.

15. Filed July 21 1912 A F Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th 1912 to July 20 1912
that I last saw h[illegible] alive on July 15 1912
and that death occurred on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:
Hypertrophy of the liver
at least
(Duration) ..... yrs. 2 mos. ..... ds.
Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas T. Gritman M. D.
July 21 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: July 21 1912

20. UNDERTAKER: Geo Stitz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2564
Registered No. 95

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2062
City of Genesee (No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. E. Fullerton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Not Known (Month) (Day) 1 (Year)
7. AGE: 24 yrs. ... mos. ... ds. IF LESS than 1 day how many ... hrs. or ... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry business or establishment in which employed (or employer): Printing office
9. BIRTHPLACE (State or Country): Boston, Mass
10. NAME OF FATHER: John Fullerton
11. BIRTHPLACE OF FATHER (State or Country):
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or Country):

...E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

...ant) W. Bruno
...Address) Genesee, Idaho
... W. H. Green
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ I saw the corpse of Latah County on the ... 191..., to ... 191... and that I was called to hold an inquest on the body of ... that I last saw h... alive on ... 191... and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

a complication of causes resulting from an excessive use of alcohol and drugs administered by his own hand

... (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) L. R. McCarton Co. M. D.

7/16 1912 (Address) Moscow, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Genesee Idaho
DATE OF BURIAL: July 17 1912

20. UNDERTAKER: F. E. Lambert
ADDRESS: Genesee Ida

RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD.
...ld be carefully supplied. AGE should be stated EXACTLY. PHYSI-
...DEATH in plain terms, so that it may be properly classified. Exact state-
...y important. See instructions on back of certificate.

Form V. S. No. 3. Rev. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15.

County of Latah — Primary Registration District No. 2066.

City of Potlatch (No. ....., ... St.)

File No. 2568

Registered No. 98

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Franklin Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Jan 27 (Month) 1839 (Day) 1 (Year)

7. AGE: 73 yrs. five mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cumberland Co. N.J.

10. NAME OF FATHER: Constant Peterson

11. BIRTHPLACE OF FATHER (State or Country): Cumberland Co. N.J.

12. MAIDEN NAME OF MOTHER: Koella Shellhorn

13. BIRTHPLACE OF MOTHER (State or Country): Cumberland Co N.J.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. L. Pringle
(Address) Palouse Wash

15. Filed July 17 1912 — D. J. Thompson, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1912, to July 16 1912, that I last saw him alive on the 16 June 1912 and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Pyelitis and Cystitis (Chronic)

..... (Duration) 7 yrs. ..... mos. ..... ds.

Contributory (Secondary): Hypertrophy of Prostate gland.

..... (Duration) 7 yrs. ..... mos. ..... ds.

(Signed) D. J. Thompson M. D.

July 17th 1912 (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Troy Cemetery — DATE OF BURIAL: July 17 1912

20. UNDERTAKER: E. Anderson — ADDRESS: Palouse, Wash.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2566
Registered No. 96

1. PLACE OF DEATH.
County of Latah County
City of ..... (No. ....., ... St.)

Registration District No. 15.
Primary Registration District No. 2066

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph Robberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the words): Single

6. DATE OF BIRTH: Unknown (Month) (Day) (Year)

7. AGE: 64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): [illegible]

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. N. Booth
(Address) Princeton Idaho

15. Filed July 30th 1912 D. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to July 25 1912 that I last saw him alive on July 25 1912, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Valvular heart

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) N. Booth M. D.

..... 19... (Address) Princeton

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Woodfel — DATE OF BURIAL: July 27 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Potlatch

Registration District No. 15.
Primary Registration District No. 2066
(No. ....., ... St.)

File No. 2564
Registered No. 97

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oliver Theodore Rice

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Widowed~~ Widower

6. DATE OF BIRTH: Dec (Month) 25 (Day) 1859 (Year)

7. AGE: 52 yrs. 6 mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Perry Rice

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Almira Zinn

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A H Wilkerson
(Address) Potlatch Idaho

15.
Filed July 17th 1912 D. W. Thomson

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1912, to July 11 1912
that I last saw him alive on July 10 1912
and that death occurred on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 1 mos. 6 ds.
Contributory (Secondary) that I attended him last he was sick for months
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Geo. F. Boyd M. D.
July 12 1912 (Address) Potlatch Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Greenwood
DATE OF BURIAL: July 16 1912

20. UNDERTAKER: [redacted]
ADDRESS: [redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2568
Registered No. 94

1. PLACE OF DEATH. Registration District No. 15
County of Lelak Primary Registration District No. 2065
City of Troy (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Christina H. Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: June (Month) 30 (Day) 1838 (Year)

7. AGE: 74 yrs. — mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House keeping
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Thompson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tilda H Prichard
(Address) Troy Idaho

15. Filed July 13 1912 — J. W. Johnson, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1911, to July 11 1912
that I last saw her alive on July 11 1912
and that death occurred on the date stated above, at 10:30 A. M.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis with Uraemia
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Apoplexy
(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. W. Johnson M. D.
July 13 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow Idaho — DATE OF BURIAL: July 13 1912

20. UNDERTAKER: Rev Blackburn — ADDRESS: Troy Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2569
Registered No. 92

1. PLACE OF DEATH.
County of Latah
City of Juliaetta
(No. ....., ... St.)
Registration District No. 15
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nannie C de Bolt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: Aug (Month) 14 (Day) 1871 (Year)

7. AGE: 40 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: James K. Gilbreth.

11. BIRTHPLACE OF FATHER (State or Country): Dont know. U. S.

12. MAIDEN NAME OF MOTHER: Holderfield.

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lenard DeBalt
(Address) .....

15. Filed Mar. 18 1912 S. A. Rae [redacted] al Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1911, to March 17 1912 that I last saw her alive on March 17th 1912 and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Brights Disease

..... (Duration) 7 yrs. ..... mos. ..... ds.
Contributory (Secondary) Dropsy & asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. A. Rae M. D.
Mar. 18 1912 (Address) Juliaetta Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow, Ida. DATE OF BURIAL: Mar. 20 1912

20. UNDERTAKER: J. C. Rosedale ADDRESS: Juliaetta, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., P[redacted]

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah — Registration District No. 15
City of Near Cameron — Primary Registration District No. 2064
(No. ....., ... St.)
File No. 2514
Registered No. 84

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Augusta Hansen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug. (Month) 23. (Day) 1878. (Year)

7. AGE: 33 yrs. 10 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Nicholas Aebrich

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Charlotta Thiessen

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nicholas Hansen
(Address) Cameron Idaho

15. Filed 7-16 — J. E. Hoyt, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1912, to July 1912
that I last saw h[illegible] alive on July 13th 1912
and that death occurred on the date stated above, at 3 A M.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 4 yrs. ~ mos. ~ ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Rothwell M. D.
July 15th 1912 (Address) Kendrick Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 4 mos. ~ ds. In the State 1 yrs. 4 mos. ~ ds.
Where was disease contracted, if not at place of death? Iowa
Former or usual residence Iowa

19. PLACE OF BURIAL OR REMOVAL: Cameron Idaho — DATE OF BURIAL: July 16. 1912

20. UNDERTAKER: H. J. Rowland — ADDRESS: Kendrick Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 251

Registered No. 70

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 7

County of Bonneville — Primary Registration District No. 2027

City of Idaho Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Weber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S (Widowed)

6. DATE OF BIRTH: Aug. (Month) 12 (Day) 1909 (Year)

7. AGE: 2 yrs. 11 mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Geo. Weber

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Pauline Schatz

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Geo. Weber
(Address): Idaho Falls

15. Filed Aug. 3 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Aug 2 1912, that I last saw her alive on Aug 2 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. [illegible] M. D.

Aug 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

Primary Registration District No. 2027

File No. 2542

Registered No. 69

County of Bonneville

City of Idaho Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margaret Ann Jenson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Feb. (Month) 29 (Day) 1886 (Year)

7. AGE: 36 yrs. 5 mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Wm Finn

12. MAIDEN NAME OF MOTHER: Martha Ann Ewing

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nels Jensen
(Address) Rigby Idaho

15. Filed Aug 3 1912 J. E. Bennett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Exophthalmic Goiter

(Duration) 10 yrs. ..... mos. ..... ds.

Contributory (Secondary) Surgery - Shock - Hyperthyroidism

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Cecil Clevis M. D.

8/2 1912 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rigby Idaho	Aug 4 1912

20. UNDERTAKER	ADDRESS
G. H. Hunt	Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2578

Registered No. 66

1. PLACE OF DEATH. Registration District No. 7

County of Bonneville Primary Registration District No. 2027

City of Iona (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Rockwood

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: July (Month) 20 (Day), 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or 10 min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Albert J Rockwood

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Mullinex

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert J. Rockwood
(Address) Iona, Ida

15. Filed July 20 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from —— 191..., to —— 191...
that I last saw h— alive on —— 191—,
and that death occurred on the date stated above, at 5:10 P.M.
The CAUSE OF DEATH* was as follows: Asphyxia

(Duration) ..... yrs. — mos. — ds.
Contributory (Secondary) [redacted]
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John C. Miller M. D.
19... (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Iona — DATE OF BURIAL: July 21, 1912

20. UNDERTAKER: E Kennedy — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2571

Registered No. 67

1. PLACE OF DEATH.

Registration District No. 7

County of Bonneville

Primary Registration District No. 2027

City of Ammon (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edward Carter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 19. (Day) 1898 (Year)

7. AGE: 14 yrs. 7 mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: James Carter

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Emma Carter

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A Carter

(Address) Ammon Idaho

15. Filed July 20 1912 W. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidental Gunshot Wound — Autopsy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. Morley M.D.

July 21 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Ammon Idaho — DATE OF BURIAL: July 23 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 3027

File No. 2515
Registered No. 66

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Herman Wasserman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Dec. (Month) 10 (Day) 1910 (Year)

7. AGE: 1 yrs. 8 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Albert Wasserman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Rhoda Stephens

13. BIRTHPLACE OF MOTHER (State or Country): Va.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sadie Wasserman
(Address) Idaho Falls

15. Filed July 15 1912 J. E. Bennett Dep Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1912, to July 13 1912, that I last saw him alive on July 13 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis
with Convulsions

(Duration) ..... yrs. ..... mos. 12 hrs

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Clise M. D.
July 15 1912 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: July 15 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Jefferson
City of Idaho Falls (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

File No. 2576
Registered No. 65
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: July (Month) 12 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 4 hrs. 30 mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho Falls

10. NAME OF FATHER: Earl Wells

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Martha Carter

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Wells
(Address) Idaho Falls

15. Filed July 14 1912 E. V. Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July-12-4 pm. 1912, to July-12-8 pm 1912, that I last saw h[illegible] alive on July-12 1912, and that death occurred on the date stated above, at 8-15 A.M.

The CAUSE OF DEATH* was as follows:
Died Suddenly
Died following rapid labor
(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary)
(Duration) — yrs. — mos. — ds.
(Signed) G. H. Crawford M. D.
7/13 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: July 14 1912

20. UNDERTAKER: J. N. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

Primary Registration District No. 2027

File No. 2577

Registered No. 64

County of Bonneville

City of Idaho Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edmond Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. 15 (Month) 1879 (Day) (Year)

7. AGE: 32 yrs. 9 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Oliver Smith

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Emily Vanalett

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Ely
(Address) Idaho Falls

15.
Filed July 14 1912 J. E. Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to July 12 1912, that I last saw h... alive on July 12 1912, and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Dropsy
Valvular Heart Lesion

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Fuller M. D.

July 13 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona Idaho — DATE OF BURIAL: July 14 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

137

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... St.)

File No. 2518
Registered No. 63
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert Boman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: April (Month) 15 (Day) 1849 (Year)

7. AGE: 63 yrs. 2 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Accountant + Photographer.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: John Boman

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Francis Carrol

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) as Marker
(Address) Idaho Falls

15. Filed July 11 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1910, to July 9 1912, that I last saw h— alive on July 9 1912 and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Paralysis — Hemiplegia — following Cerebral Hemorrhage

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) 2 yrs. 7 mos. ..... ds.

(Signed) C. S. Fuller M. D.
7/10 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: July 11 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2579
Registered No. 62

1. PLACE OF DEATH.
County of Bonneville
City of Taylor
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2028

2. FULL NAME Ortie Russell Munsee
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 23 (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ----
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Frank Munsee

11. BIRTHPLACE OF FATHER (State or Country): Ogden, Utah.

12. MAIDEN NAME OF MOTHER: Katie Clark

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Munsee
(Address) Shelley, Idaho - R.1

15.
Filed July 8 191 2
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 6 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-6 191 2, to 7-7 191 2
that I last saw h dau alive on 7-6 191 2,
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia - Bronchio

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary): Whooping Cough

..... (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Edwin Cutler M. D.
7-10-19 2 (Address) Shelley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Taylor, Idaho.
DATE OF BURIAL: July 9/12 191

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....
Primary Registration District No. 2027

File No. 2580
Registered No. 61
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME David Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
March 14 (Month) 1873 (Day) (Year)

7. AGE
39 yrs. 3 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Hotel Keeper
(b) General nature of industry business, or dstablishment in which employed (or employer) Established

9. BIRTHPLACE (State or Country) Pennsylvania

10. NAME OF FATHER William H Jones

11. BIRTHPLACE OF FATHER (State or Country) Wales

12. MAIDEN NAME OF MOTHER Sarah Nicolas

13. BIRTHPLACE OF MOTHER (State or Country) Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs David Jones
(Address) Ucon Idaho

15.
Filed July 3 1912 M Maynard Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 29 1912
..... 191....
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I last saw h..... alive on ....., 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Boy by mans falling
on him
Accident
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Jos. Morley Home M. D.
July 2 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ucon Idaho — DATE OF BURIAL: July 2 191...

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise (No. 112, East Bannock St.)

File No. 2581

Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Chas. Jacob Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

Nov. (Month) 4 (Day) 1866 ~~1862~~ (Year)

7. AGE

47 yrs. 8 mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: J. Brown

11. BIRTHPLACE OF FATHER (State or Country): Am.

12. MAIDEN NAME OF MOTHER: Ella Baer

13. BIRTHPLACE OF MOTHER (State or Country): Am.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Carrie M. A. Brown

(Address) Boise

15. City Health Department

Filed JUL 27 1912 191

Jay McCornel
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

July (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1911, to July 26 1912, that I last saw h[im] alive on July 26 1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

7/26 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death 0 yrs. 5 mos. 0 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: Butte, Mont.

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery | DATE OF BURIAL: 7/27 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

Dr. Smith

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada — Primary Registration District No. 1009 — File No. 2582
City of Boise (No. 410, State St.) — Registered No. 12
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Joan Gordon Curtis — If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (*Write* the word.)

6. DATE OF BIRTH: Not obtainable (Month) (Day) 1879 (Year)

7. AGE: 33 yrs. mos. ds. — IF LESS than 1 day how many ..... *hrs.* or ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Donald McPherson

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. M. Curtis
(Address) Placerville Ida

15. Filed JUL 16 1912 191 — Jay McCune, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1912, to July 15 1912, that I last saw h alive on 191, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Brights disease

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo Calvert M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos 2 G. days. In the State yrs. mos. days.
Where was disease contracted if not at place of death? about 2 Months
Former or usual residence Garden Valley

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: July 16 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1904

File No. 2583

City of Boise (No. 112 E. Bannock St.)

Registered No. 11

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. E. Cole

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	~~Single~~

6. DATE OF BIRTH: not Obtainable 1
(Month) (Day) (Year)

7. AGE: 50 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Freighter
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Weant
(Address) Van Wyck. Idaho

15.
Filed 7-16 1912
Jno. McCann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July 12 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912, to July 12 1912, that I last saw h in alive on July 12 1912 and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Spencer M. D.
July 12 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 2 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: Thunder City, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 7/16 1912

20. UNDERTAKER: Schreiber & Siddenfaden | ADDRESS: Boise, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2584
Registered No. 23

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 205 E. Bannock St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Emma LeChaney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White American	Widow

6. DATE OF BIRTH: Sept. (Month) 9 (Day) 1837 (Year)

7. AGE: 74 yrs. 10 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Albert Merryman

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Not of Record

13. BIRTHPLACE OF MOTHER (State or Country): Not of Record

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. B. H. McGreer
(Address) 205 East Bannock

15.
Filed 7-28 1912
Fay McCune
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1910, to July 27 1912
that I last saw her alive on July 27 1912
and that death occurred on the date stated above, at 10.30 M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of the Lungs

(Duration) many yrs. mos. ds.
Contributory (Secondary) Metastasis
(Duration) yrs. mos. 14 ds.

(Signed) J. E. Froom M. D.
July 28 1912 (Address) C.C.N. Bank Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: July 29 1912

20. UNDERTAKER: Troy & Summers — ADDRESS: Boise Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

File No. 2585
Registered No. 9
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mildred Alice Cole

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	Wht	Married

6. DATE OF BIRTH
Oct (Month) 9th (Day) 1888 (Year)

7. AGE
23 yrs. 9 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Boise, Idaho.

10. NAME OF FATHER Frank Foster

11. BIRTHPLACE OF FATHER (State or Country) English

12. MAIDEN NAME OF MOTHER Jane Brown

13. BIRTHPLACE OF MOTHER (State or Country) English

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray Cole
(Address) Boise, Idaho

15. Filed JUL 11 1912 191 Geo McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1912, to July 10 1912, that I last saw her alive on July 10 1912, and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) 10 yrs. 7 mos. 3 ds.

(Signed) [illegible] M. D.
July 10 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 2 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 1901 N. 18th St. Boise.

19. PLACE OF BURIAL OR REMOVAL St Johns Cemetery — DATE OF BURIAL 7/12 1912

20. UNDERTAKER Schreiber & Siebenfaden — ADDRESS Boise, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 410, State St.)

File No. 2586
Registered No. 24
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Carl Christensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1880 (Year)

7. AGE: 32 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer): Idaho State Prison

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Snook
(Address) Warden Penitentiary, Boise

15. Filed JUL 27 1912 191...
Jay M. Cornell, Local Registrar
Collister

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1911, to July 27 1912, that I last saw h— alive on July 27 1912, and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Cholera

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo Collett M. D.
19... (Address) ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. ... mos. 3 days. In the State ... yrs. ... mos. ... days.
Where was disease contracted if not at place of death?
Former or usual residence. Idaho State Prison, Boise,

19. PLACE OF BURIAL OR REMOVAL: Idaho State Prison Cemetery | DATE OF BURIAL: 7/27 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2558

Registered No. 23

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 4004

(No. 404 Wash St.)

2. FULL NAME Mary A Fletcher

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: April (Month) 9th (Day) 1835 (Year)

7. AGE: 77 yrs. 3 mos. 17 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Schenectady N.Y.

10. NAME OF FATHER: ~~Abe~~ Thos Alva Brooks

11. BIRTHPLACE OF FATHER (State or Country): Conn

12. MAIDEN NAME OF MOTHER: Lucretta Beebe

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. Fletcher
(Address) Boise, Idaho

15. Filed JUL 27 1912 191 Geo W Coon Local Registrar
Titus

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1912, to July 26 1912, that I last saw her alive on July 26 1912 and that death occurred on the date stated above, at 7 PM.

The CAUSE OF DEATH* was as follows: Hyp to stolic Congestion of the Lungs with old Age

(Duration) yrs. 1/2 mos. ds.

Contributory (Secondary) Fracture of Left Femur

(Duration) 0 yrs. mos. ds.

(Signed) W S Titus M. D.

7-27 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery | DATE OF BURIAL: 7/28 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Ida

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1064

File No. 2590

County of Ada

City of Boise (No. 1021, Jefferson St.)

Registered No. 15

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Reed

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: Oct (Month) 6th (Day) 1828 (Year)

7. AGE: 83 yrs. 9 mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): None

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Bancroft

11. BIRTHPLACE OF FATHER (State or Country): Mass

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nate Kinnard

(Address) 1021 Jefferson St Boise Idaho

15. Filed JUL 20 1912 191

Gary McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1911 — 1912, to July 19 1912, that I last saw her alive on July 19 1912, and that death occurred on the date stated above, at 2 A M.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(Duration) — yrs. 1 mos. — ds.

Contributory (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) R. L. Williamson M. D.

19 (Address) 824 Franklin St.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence Masonic Cemetery

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 7/21 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2591

Registered No. 6

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 112 E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004

2. FULL NAME Karl Keller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July 29th 1860 (Month) (Day) (Year)

7. AGE: 51 yrs. 11 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Millwright
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Baden Germany

10. NAME OF FATHER: Mathias Keller

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Carolina Hoffmon

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ernest Keller
(Address) Boise

15.
Filed JUL 6 - 1912 191
Ray W. Conwell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 5th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 191.., to July 5 1912.
that I last saw him alive on July 5 1912
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Rupture (Laceration) right lung, caused by being thrown from wagon
(Duration) yrs. mos. 10 ds.
Contributory (Secondary) Pneumonia, Hypostatic
(Duration) yrs. mos. 8 ds.
(Signed) W. W. Lindsay M. D.
July 6 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 12 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence. 1118 N 12th Boise

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 7/7 1912

20. UNDERTAKER: Schreiber & Lidenfelden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2592

City of Boise (No. 507 Grove St.)

Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Lemp.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH: April (Month) 21 (Day) 1838 (Year)

7. AGE: 74 yrs. 3 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Capitalist
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: John Jacob Lemp

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Anna E. Yung

13. BIRTHPLACE OF MOTHER (State or Country): Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert Lemp
(Address) Boise

15. Filed JUL 20 1912 Jay McConnel D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27 1912, to July 18 1912, that I last saw h[illegible] alive on July 17 1912 and that death occurred on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:

Uremia
Chronic Nephritis

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Smith M. D.

July 20 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: July 20 1912

20. UNDERTAKER: Schreiber & Anderson | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 5½ N. Jefferson St.)

File No. 2593
Registered No. 4
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Barney Latimer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: December (Month) 31st (Day) 1873. (Year)

7. AGE: 38 yrs. 6 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry business, or establishment in which employed (or employer): Employer

9. BIRTHPLACE (State or Country): Masonville, Delaware County, Iowa

10. NAME OF FATHER: John Latimer

11. BIRTHPLACE OF FATHER (State or Country): Dumfries, Scotland.

12. MAIDEN NAME OF MOTHER: Jane Amine Sullivan

13. BIRTHPLACE OF MOTHER (State or Country): Delaware County, Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac N. Sullivan
(Address) Boise City, Idaho

15.
Filed ..... 191...
Jay W. Pence
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1912, to July 3 1912, that I last saw h[im] alive on July 3 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Myelogenous Leukemia

(Duration) 3 yrs. mos. ds.
Contributory (Secondary) Secondary Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. Carl Hill M. D.
July 5 1912 (Address) Boise - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs....mos....days. In the State....yrs....mos....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 7/9 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2594

City of Boise

(No. 110, East Bannock St.)

Registered No. 18

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Casimiro Mondragon

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

..... 1868
(Month) (Day) (Year)

7. AGE

44 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Laborer

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Spain

10. NAME OF FATHER Juliano Mondragon

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Casimiro Mondragon

(Address) Boise

15.

Filed JUL 20 1912 191 ..... Guy McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

July 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912, to July 19 1912, that I last saw him alive on July 8 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Concussion of Brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Springer M. D.

July 20 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. 3 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	7/22 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2595

City of Boise (No. 1218, North 15th St.)

Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sterling Leemont Mitchell

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: May (Month) 18 (Day) 1912 (Year)

7. AGE: 1 yrs. 1 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Ida

10. NAME OF FATHER: Lee Mitchell

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: May Hines

13. BIRTHPLACE OF MOTHER (State or Country): Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) May Mitchell
(Address) Boise

15.
Filed July-18- 1912 Amy M Conner Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 17 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912 to July 17 1913
that I last saw h in alive on July 17 1912
and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculous Meningitis

(Duration) yrs. mos. 7 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W B Sutro M. D.
7-17 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: Removal

19. PLACE OF BURIAL OR REMOVAL: Nampa Idaho | DATE OF BURIAL: 7/18 1912

20. UNDERTAKER: Schreiber & Heidenfelder | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2596

City of Boise

(No. ..... St.)

Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William H. Meeker

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	American	single

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE ..... 65 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Mining .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) St. Luke's Hospital Per E.H.W.

(Address) 1st and Bannock

15.

Filed JUL 23 1912 191 ..... Amy M. Cornell ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH ..... July 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1912, to July 191, that I last saw him alive on July 20 1912, and that death occurred on the date stated above, at 4:4 A. M.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) Years yrs. ..... mos. ..... ds.

Contributory (Secondary) Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. E. Shawhan, M. D.

July 22 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: County Cemetery | DATE OF BURIAL: 7/23 1912

20. UNDERTAKER: Schreiber & Sidwell | ADDRESS Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2597

City of Boise

(No. 112 E. Bannock St.)

Registered No. 16

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Duncan Mickel

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1859 (Year)

7. AGE: 53 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stonecutter
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A L Reynolds
(Address) Boise Idaho

15. Filed JUL 23 1912 191

Jay McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 18th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27 1912, to July 18 1912, that I last saw him alive on July 17 1912, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

19 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: Morris Hill Cemetery 7/21 1912

20. UNDERTAKER | ADDRESS: Schreiber & Sidenfaden Boise

Dr. Smith

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2598

City of Boise

(No. 112, E. Bannock St.)

Registered No. 26

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jesse Wakefield Noble

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 24th (Day) 1912 (Year)

7. AGE: ——yrs. ——mos. 4 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: T. W. Noble

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Helen Wakefield

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. W. Noble
(Address) Boise

15. Filed JUL 31 1912 191

Fay McCann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/24 1912, to 7/28 1912, that I last saw him alive on 7/28 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James L. Stewart M. D.

7/29 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs. ....mos. 3 days. In the State .....yrs. .....mos. .....days.

Where was disease contracted if not at place of death?

Former or usual residence 905 N. 20th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery

DATE OF BURIAL: 7/29 1912

20. UNDERTAKER: Schreiber & Siebenfaden

ADDRESS: Boise Idaho

Dr. Stewart.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 1914 N. 11½ St.)

File No. 2509
Registered No. 26

If death occured in a nospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Estella Palmer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	White	Married

6. DATE OF BIRTH
Oct (Month) 25 (Day) 1877 (Year)

7. AGE
34 yrs. 8 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER Samuel Banks

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER M. L. Mulhollan

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. D. Palmer
(Address) Boise

15.
Filed JUL 23 1912 191
Fay M. Conner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9-12 1912, to July 22 1912, that I last saw her alive on July 22 1912 and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:
Typhoid fever -
Broncho-pneumonia -
asthma -

(Duration) yrs. mos. 20 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Jno. Beck M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 7/24 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

O.S. Hill O.S.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise

(No. 302, East Jefferson St.)

File No. 2601

Registered No. 1

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mack Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 16 (Day) 1862 (Year)

7. AGE: 50 yrs. 1 mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: [redacted]
(b) General nature of industry business, or dstablishment in which employed (or employer): Coal Yard

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: John W. Smith

11. BIRTHPLACE OF FATHER (State or Country): Ark

12. MAIDEN NAME OF MOTHER: Sarah Knowles

13. BIRTHPLACE OF MOTHER (State or Country): Ark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Melarrisa Smith

(Address) Boise Ida

15.

Filed 7-2-12 191

Jay McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912 to July 1 1912 that I last saw h[illegible] alive on July 1 1912 and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral Hemorrhage

(Duration) — yrs. — mos. — ds.

Contributory (Secondary): Ins in 3 attacks

(Duration) yrs. mos. ds.

(Signed) John Smith M. D.

19 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 7/3 1912

20. UNDERTAKER: Schreiber & Redemfoder | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ment of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 112, E. Bannock St.)

File No. 260
Registered No. 3
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Sloan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) [illegible] (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds.
IF LESS than 1 day how many 20 hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho.

10. NAME OF FATHER: W. G. Sloan

11. BIRTHPLACE OF FATHER (State or Country): Ills.

12. MAIDEN NAME OF MOTHER: Faye Weidener

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W G Sloan
(Address) Boise Idaho

15.
Filed 7-3-12 191 Fay McCann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1912, to July 3 1912
that I last saw her alive on July 2 1912
and that death occurred on the date stated above, at 4 A M.
The CAUSE OF DEATH* was as follows:
Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs ..... mos ..... ds.
(Signed) W S Sites M. D.
7-4 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 915 E. Washington St. Boise,

19. PLACE OF BURIAL OR REMOVAL: Morris Hill County Plat
DATE OF BURIAL: 7/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise Idaho

Sites

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2603

Registered No. 10

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 310, S. 3rd St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004

2. FULL NAME John W. Watkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar (Month) 20 (Day) 1849 (Year)

7. AGE: 63 yrs. 3 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Simon Watkins

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Rebecca Glenn

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs G. F. Rhodes
(Address): Boise, Idaho

15.
Filed 7-13 1912
Jos McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1912, to July 8 1912, that I last saw him alive on July 7 1912, and that death occurred on the date stated above, at 9 3/4 M.

The CAUSE OF DEATH* was as follows:
Acute Nephritis & enlarged heart Leuch Dropsy

about (Duration) 3 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) A B Galland M. D.
19 (Address) McCarty Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs. 3 mos. ? days. In the State ... yrs. ... mos. ... days.
Where was disease contracted if not at place of death? Montana
Former or usual residence State of Montana

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 7/12 1912

20. UNDERTAKER: Schreiber & Hiedenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERT[redacted]E OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2604

Registered No. 76

1. PLACE OF DEATH.

Registration Distri[redacted] 12

County of Kootenai

Primary Registrat[redacted]ict No. 1663

City of Coeur d'Alene (No. ....., [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Minnie [redacted] Shelips

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 6 (Day) 1882 (Year)

7. AGE: 29 yrs. 7 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Mc Arthur

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wilson M. Phillips
(Address) Coeur d. Alene

15. Filed 7/10 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1912, to June 29th 1912 that I last saw her alive on June 28th 1912 and that death occurred on the date stated above, at 5.50 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
i.e. Mitral Incompetency

(Duration) 2 yrs. 6 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Louis H. Most D.O. M. D.
June 29 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Lawn C & D A — DATE OF BURIAL: July 1 1912

20. UNDERTAKER: Casady & Nelson — ADDRESS: Coeur D Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2605
Registered No. 75

1. PLACE OF DEATH,
County of Kootenai
City of Coeur D'Alene
(No. 4, St.)
Registration District No. 12
Primary Registration District No. 1063

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Shedkeen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 28 (Day) 1863 (Year)

7. AGE: 37 yrs. / mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... (in)

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Michael Burke

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Julia McLaughlin

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Shedkeen
(Address) Coeur d Alene

15. Filed 7/10 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1912, to June 28 1912, that I last saw h[illegible] alive on June 27 1912 and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) 3 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Byrne M. D.
6/28 1912 (Address) Coeur d Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Thomas Cem. C D'A
DATE OF BURIAL: June 29 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2606
Registered No. 74

1. PLACE OF DEATH.
County of Kootenai
City of Worley P.O

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs R J Windmeyer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Married

6. DATE OF BIRTH [redacted] 1840
(Month) (Day) (Year)

7. AGE 72 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... wife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Penn

10. NAME OF FATHER Caleb Pyle

11. BIRTHPLACE OF FATHER (State or Country) Penn

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R J Windmeyer
(Address) Worley P.O

15. Filed 7/10 1912 H. P. Heasman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 9 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1912, to June 9 1912
that I last saw her alive on June 9 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction

(Duration) — yrs. — mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lyle M. D.
19 ..... (Address) Harrison, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Shipped to Edinburgh | DATE OF BURIAL Jun 10 1912

20. UNDERTAKER Penn | ADDRESS Coeur d'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2607
Registered No. 73

1. PLACE OF DEATH.
County of Kootenai
City of Cda

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Will Cannon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1906 (Year)

7. AGE: 6 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wis

10. NAME OF FATHER: Dan Cannon

11. BIRTHPLACE OF FATHER (State or Country): Wis

12. MAIDEN NAME OF MOTHER: Annie Kirkman

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dan Cannon
(Address) Cda

15. Filed 2/10 1912 — A. H. Mossman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Was drowned

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm. ..... M. D.
..... 19... (Address) C.D.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest View Cda — DATE OF BURIAL: June 9 1912

20. UNDERTAKER: S Green — ADDRESS: Cda

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2608
Registered No. 72

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2051
City of Post Falls (No. ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Russell E. Hooker Infant
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: June 7th 1912 (Month) (Day) (Year)
7. AGE: ... yrs. ... mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Daniel Godlove Hooker
11. BIRTHPLACE OF FATHER (State or Country): Ill.
12. MAIDEN NAME OF MOTHER: Mertie Amelia Peake
13. BIRTHPLACE OF MOTHER (State or Country): Neb.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. G. Hooker
(Address) Post Falls
15. Filed 7/10 1912 S. H. Hausman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 7th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from June 7th 1912, to June 7th 1912
that I last saw h im alive on June 7th 1912
and that death occurred on the date stated above, at 11 p. M.
The CAUSE OF DEATH* was as follows:
Conjestion of brain
from exposure
during delivery
(Duration) ... yrs. 1 mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs ... mos. ... ds.
(Signed) G. J. Ellsworth M. D.
19 ... (Address) Post Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Evergreen Cem. Post Falls DATE OF BURIAL: Jun 8 1912
20. UNDERTAKER: Cassedy & Nelson ADDRESS: Corner D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

File No. 2609
Registered No. 71

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Raymond Oldfield

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1908 (Year)

7. AGE
4 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER Guy Oldfield

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Emma Pearson

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Guy Oldfield
(Address) Cda

15.
Filed 7/10 1912 A. H. Swanson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 7 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1912, to June 7 1912
that I last saw him alive on June 7 1912
and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Septic infection Complicates by acute nephritis

..... (Duration) — yrs. — mos. 25 ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Denny M. D.
June 7 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL
Forest Cem Cda — June 9 1912

20. UNDERTAKER — ADDRESS
S Lewis Cda

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2611
Registered No. 69

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 1603

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Clinton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1901 (Year)

7. AGE: 11 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: School
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Clinton

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Jinnie Colmo

13. BIRTHPLACE OF MOTHER (State or Country): Mich

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Clinton
(Address) Coeur d'Alene Idaho

15. Filed 7/0 1912 R. H. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/6 1912, to 6/6 1912 that I last saw h[illegible] alive on June 6 1912 and that death occurred on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Broken Compensation following Rheumatic condition

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Rheumatic condition

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) John H. Bothwell M. D.

June 7 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem Coeur d'Alene — DATE OF BURIAL: June 9 1912

20. UNDERTAKER: [illegible] — ADDRESS: Coeur d'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2612
Registered No. 66

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene

Registration District No. 12
Primary Registration District No. 1013
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Eliza McLean

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March (Month) 3 (Day) 1835 (Year)

7. AGE: 77 yrs. 5 mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sackville New Brunswick

10. NAME OF FATHER: James Cowen

11. BIRTHPLACE OF FATHER (State or Country): St. John New Brunswick

12. MAIDEN NAME OF MOTHER: Mary Eliza Cowen

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marion McEachern
(Address) 428 Lawrence

15.
Filed 7/10 1912 A. H. Sherman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 6th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3rd 1912, to June 6th 1912 that I last saw h..... alive on ..... 1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
General breakdown
Cardiac Insufficiency

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Kennedy M. D.
6/6 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Brandon, Montana
DATE OF BURIAL 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2613
Registered No. 67

1. PLACE OF DEATH.
County of Kootenai
City of Desmet

Registration District No. 12
Primary Registration District No. 2118
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Feb (Month) 15 (Day) 1890 (Year)

7. AGE: 27 yrs. 3 mos. 19 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nond
(b) General nature of industry business or establishment in which employed (or employer): Housekeeping

9. BIRTHPLACE (State or Country): Desmet, Ida

10. NAME OF FATHER: Philip Alexandre

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Helena Kalispelm

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 7/6 1912 L. L. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ examined
one June 4 1912, to ..... 191.....
~~that I last saw h~~ ..... ~~alive on~~ ..... 191.....
and that death occurred on the date stated above, at 2 M.

The CAUSE OF DEATH* was as follows:
Homicide - Fractured Skull and contusions about face and head
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Leeland M. D.
June 5 1912 (Address) Desmet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet Indian Cem.
DATE OF BURIAL: 7/ 1912

20. UNDERTAKER: None.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1

County of Ada Primary Registration District No. 2001

City of Star (No. ....., ... St.)

File No. 2614

Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maime Jordan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 22 1883 (Month) (Day) (Year)

7. AGE: 29 yrs. 10 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: J. W Jaddon

11. BIRTHPLACE OF FATHER (State or Country): Ind Davis Co

12. MAIDEN NAME OF MOTHER: Cora A. Hoagland

13. BIRTHPLACE OF MOTHER (State or Country): Ind

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Cora A Jordan
(Address): Star

15. Filed July 5 1912 J. E. Manyle Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 5 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

No physician in attendence
Deceased known to be
in last stage of pulmonary
Tuberculosis (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... J. E Manyle

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 6 1912 (Address) Star

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Star Cemetery — DATE OF BURIAL: July 6 1912

20. UNDERTAKER: J. L. Ayers — ADDRESS: Star

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

July 20/1912 G. E. Snowden

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada. Primary Registration District No. 2004
City of — (No. Branch St.)
File No. 2615
Registered No. 34
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
2. FULL NAME John G Hoefer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White. German
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: May (Month) 7 (Day) 1854 (Year)
7. AGE: 58 yrs. 2 mos. 14 ds. IF LESS than 1 day how many ... hrs. or ... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Germany
10. NAME OF FATHER: John G. Hoefer
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Not Obtainable
13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Blanquenist
(Address) Boise Ida
15.
Filed July 21 1912 E. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 21 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 1912, to July 21 1912
that I last saw him alive on July 20 1912,
and that death occurred on the date stated above, at 1 P M.
The CAUSE OF DEATH* was as follows:
Cancer of Liver
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) J. A. Springer M. D.
July 21 1912. (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemt. DATE OF BURIAL: July 24 1912
20. UNDERTAKER: Fry & Summers ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2616
Registered No. 35

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. 50 Boise St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Verl Grace Chapman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Dec 8 1910 (Month) (Day) (Year)
7. AGE: 1 yrs. 7 mos. 18 ds. IF LESS than 1 day how many.....hrs.or .....min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None - (infant)
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Boise Idaho
10. NAME OF FATHER: E. B. Chapman
11. BIRTHPLACE OF FATHER (State or Country): Mo.
12. MAIDEN NAME OF MOTHER: Mattie Patton
13. BIRTHPLACE OF MOTHER (State or Country): Montana
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Chapman
(Address) 202 So 10 St
15.
Filed July 27 1912 E. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 25 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 25 1912, to [illegible] 191..
that I last saw her alive on July 25 1912,
and that death occurred on the date stated above, at 5 P M.
The CAUSE OF DEATH* was as follows:
Convulsions
(Duration) yrs. mos. 1 ds.
Contributory (Secondary) Gastro intestinal Indigestion
(Duration) yrs. mos. 1 ds.
(Signed) James L Olmsted M. D.
July 27 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: July 28 1912
20. UNDERTAKER: Ivy Drummond — ADDRESS: 15th Jeff.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2617
Registered No. 36

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004.
(No. Bruce St. So Boise - St.)

2. FULL NAME Joy Esther Miller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white american
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 11 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: None (Student)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): S. D.

10. NAME OF FATHER: Ell. Miller

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Joe Wetzel.

13. BIRTHPLACE OF MOTHER (State or Country): Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) Edna Ketchel

15.
Filed — 7 — 3 1912
J. E. Shawhan
~~Chas. McConnel~~
Local Registrar
C. L. McConnel

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ investigated the cause of death of Joy Esther Miller ~~191 to 191~~, ~~that I last saw h alive on~~ ~~191~~, ~~and that death occurred on the date stated above, at M.~~

The CAUSE OF DEATH* was as follows:
Accidental shooting by her brother while at play.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adolph Schmitz M. D.
19..... (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 7/3 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

IDAHO-YORK CO., PRINTERS & BINDERS, BOISE 16672

8-1-12 J. E. Shawhan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2 1

Primary Registration District No. 2007

File No. 2618

Registered No. 37

County of Ada

~~City of~~

(No. near Whitney School House St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs M. J. Seedall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 18 (Day) 1849 (Year)

7. AGE: 62 yrs. 11 mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: William Robison

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. R. Hay
(Address) Boise

15. Filed JUL 5 1912 191...

G. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) [redacted] (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1912, to July 4 1912, that I last saw h[illegible] alive on June 28 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) Unknown yrs. mos. ds.

Contributory (Secondary) Anasarca

(Duration) Unknown yrs. mos. ds.

(Signed) W. H. Tuthill M. D.

July 1 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: July 5 1912

20. UNDERTAKER: Schreiber & Hidenfeldt | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

8-1-12 G. E. Shawhan

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of near City of Boise (No. 405 Park Ada Av. St.)

File No. 2620

Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Louise C Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

August 5 [redacted] 1
(Month) (Day) (Year)

7. AGE

17 yrs. 11 mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Charles C. Herrick

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Cornelia Lubben

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise C Allen

(Address) 1538 State St

15.

Filed 7-26 1912 G. E. Strawhan
Local Registrar

[redacted] 12 G. E. Strawhan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

July 26th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from [redacted] 1912, to July 26th 191[redacted];

that I last saw her alive on July 24 191[redacted],

and that death occurred on the date stated above, at [redacted] M.

The CAUSE OF DEATH* was as follows:

Rheumatism
Mitral Regurg.

(Duration) 8 yrs. mos. ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Beach M. D.

19 [redacted] (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence Ash Park [redacted] Boise Ida

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery

DATE OF BURIAL: 7/28 1912

20. UNDERTAKER: Schaibers & Sidinpaden

ADDRESS: Boise

Dr. Hill

SYMS - YORK CO., PRTG. & BDG. 19760

N. B.—Every item of information should be carefully supplied. GE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1
Primary Registration District No. 2004
File No. 2621
Registered No. 40

1. PLACE OF DEATH.
County of Ada
~~City of~~ Barberton
(No. Barberton ~~St.~~)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. H. Lewis
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable (Month) (Day) (Year)

7. AGE: 42 yrs. ___ mos. ___ ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Francis M. Lewis

11. BIRTHPLACE OF FATHER (State or Country): American

12. ~~MAIDEN~~ NAME OF MOTHER: Maranda Johnson

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. W. H. Lewis
(Address) Barberton

15.
Filed JUL 31 1912 191
G. E. Shawhan
~~Asst.~~ Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ ~~101~~ to ~~101~~ that I last saw him alive on July 30-1912 ~~101~~
~~that~~ death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Carbolic Acid
Poisoning administered by himself
(Duration) ... yrs. ... mos. ... ds.
Contributory ~~(Secondary)~~ Suicide
(Duration) ... yrs. ... mos. ... ds.
(Signed) Adolph Schreiber ~~M. D.~~ Coroner
19 ... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery Ada Co Ida | DATE OF BURIAL: 7/31 1912

20. UNDERTAKER: Schreiber & Siedenfaden | ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

8-1-12 G. E. Shawhan Local

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise R# II
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003
(No. ....., ... St.)

File No. 2623
Registered No. 71
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Evelina P Hall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word): single

6. DATE OF BIRTH: Apr. (Month) 3 (Day) 1912 (Year)

7. AGE: ..... yrs. 3 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho. Ada Co

10. NAME OF FATHER: Fred K Hall

11. BIRTHPLACE OF FATHER (State or Country): London Eng

12. MAIDEN NAME OF MOTHER: Daisy Phillips

13. BIRTHPLACE OF MOTHER (State or Country): Dorset England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred K. Hall
(Address) Boise R7. 1912

15. Filed 7-27- 1912 — C L Sutton — Local Registrar
8-8-1912 Asst. Sworn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1912, to July 27 1912, that I last saw h er alive on July 27 1912, and that death occurred on the date stated above, at 1:25 A.M.

The CAUSE OF DEATH* was as follows:
Malnutrition

(Duration) ..... yrs. 3 mos. 24 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Neal M. D.
July 27 1912 (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ft Logan Cemetery — DATE OF BURIAL: 7-28 1912

20. UNDERTAKER: Schrieber & Sidenfadden — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 32
Primary Registration District No. 2128
File No. 2623
Registered No. 27

1. PLACE OF DEATH.
County of Idaho
City of Winona (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dallis Burns

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. 18 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Winona Idaho

10. NAME OF FATHER Nick Burns

11. BIRTHPLACE OF FATHER (State or Country) Don't know

12. MAIDEN NAME OF MOTHER Ida Mitchell

13. BIRTHPLACE OF MOTHER (State or Country) Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Esther Mitchell
(Address) Winona Idaho

15.
Filed June 15 1912
E. Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June 17th. 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16th. 1912, to June 19th. 1912 that I last saw him alive on June 19th. 1912 and that death occurred on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:
Bronchio-Pneumonia.

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Pertussis
..... (Duration) ..... yrs. ..... mos. 35 ds.

(Signed) Walter F. McMahan M. D.
June 24 1912 (Address) Kamiah Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wynona	14 1912
20. UNDERTAKER	**ADDRESS**
C E Johnson	Kamiah

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2624
Registered No. 44

1. PLACE OF DEATH. Registration District No.
County of Washington Primary Registration District No. 213
City of Meadle (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nancy Wigfuss

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH: Feb (Month) 17 (Day) 1837 (Year)

7. AGE: 75 yrs. 5 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Thos Mackey

11. BIRTHPLACE OF FATHER (State or Country): U. S.

12. MAIDEN NAME OF MOTHER: Mary Jones

13. BIRTHPLACE OF MOTHER (State or Country): U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Erasmus Wigfuss
(Address) Meadvale

15. Filed July 20 1912 Fasehmitz Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24 - 1912, to May 28 1912 that I last saw h[illegible] alive on May 28 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Scalded Burn.

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C O Schmitz M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Meadvale — DATE OF BURIAL: May 29 1912

20. UNDERTAKER: L G Kay — ADDRESS: Meadvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Midvale

Registration District No. 26
Primary Registration District No. 2113
(No. ....., ... St.)

File No. 2625
Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Hendrickson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: James Hendrickson

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Hendrickson
(Address) .....

15. Filed July 20 1912 F. A. Schmidt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Spotted Fever

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. E. Schmidt M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Midvale
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Lee Kay
ADDRESS: Midvale

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Wash.
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 4010
(No. State Street St.)

File No. 2625
Registered No. 272
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert F. Paye,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	Single

6. DATE OF BIRTH: Oct (Month) 18 (Day) 1880 (Year)

7. AGE: 31 yrs. 8 mos. 17 ds.
IF LESS than 1 day how many .....hrs. or .....mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Emmett Idaho

10. NAME OF FATHER: F. F. Paye

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Maria E. Hess

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. F. Paye
(Address) Weiser, Ida.,

15. Filed July 5th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1912, to July 4 1912, that I last saw h[im] alive on July 4" 1912 and that death occurred on the date stated above, at 10 56 P.M.

The CAUSE OF DEATH* was as follows:
Uremic suppression following Operation for Peri appendicitis Abscess.
(Duration) 6 yrs. mos. 4 ds.
Contributory Chronic appendicitis T.B.C.
(Secondary)
(Duration) 6 yrs. — mos. — ds.
(Signed) E. J. Anderson M. D.
7/6 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF ~~RESIDENCE~~ (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: 7/6 1912

20. UNDERTAKER: W. M. Bowen — ADDRESS: Weiser, Ida.,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2628
Registered No. 47

1. PLACE OF DEATH. Registration District No. 21
County of Hailey Primary Registration District No. 2077
City of Hailey (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Michael Mc Cormack

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht	Single

6. DATE OF BIRTH Nov (Month) 7 (Day) 1833 (Year)

7. AGE 78 yrs. 8 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER Tom Mc Cormack

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Ellen Dolin

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Mc Cormack
(Address) Hailey Idaho

15. Filed July 15 191 2 F. Lewis Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July (Month) 11th (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 191 2, to July 11 191 2
that I last saw h Am alive on July 11 191 2,
and that death occurred on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:
Brights Disease
Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E W Kleinman M. D.
July 12 19 12 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Hailey Ida | DATE OF BURIAL July 17 191 2

20. UNDERTAKER R. D. Harris | ADDRESS Hailey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2629

Registered No. 46

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Blaine
City of Hailey
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2021

2. FULL NAME Samuel Shrewsbury Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1828 (Year)

7. AGE: 84 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION: Miner
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo J. Elmore
(Address) Chalagna Ranch

15. Filed July 20 191 7 Robert H Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15 (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

No Physician

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey Ida
DATE OF BURIAL: July 17 191 7

20. UNDERTAKER: R. D. Harris
ADDRESS: Hailey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 32
County of Lewis Primary Registration District No. 2127
City of near Vollmer (No. ....., ... St.)
File No. 2630
Registered No. 26

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Thomas Denny

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Sept (Month) 9 (Day) 1911 (Year)
7. AGE: yrs. 7 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Lewis Co. Ida.
10. NAME OF FATHER: Joseph Andrew Denny
11. BIRTHPLACE OF FATHER (State or Country): Missouri
12. MAIDEN NAME OF MOTHER: Effie Ollie Cornett
13. BIRTHPLACE OF MOTHER (State or Country): North Carolina.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Burdg
(Address) Vollmer, Ida.
15. Filed July 10 1912 Elton R. Rogers. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 18 (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 12 1912, to May 18 1912
that I last saw him alive on May 17 1912
and that death occurred on the date stated above, at 8 P M.
The CAUSE OF DEATH* was as follows:
Pneumonia.
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Burda M. D.
..... 19 ..... (Address) Vollmer Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 7 mos 22 ds. In the State ..... yrs. 7 mos 22 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clo, Ida — DATE OF BURIAL: May 20 1912
20. UNDERTAKER: Clo Hall & Dunn Co. — ADDRESS: Clo Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2631
Registered No. 28

1. PLACE OF DEATH.
County of Lewis
City of Ilo

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Warren Bowles

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 2 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lewis Co. Idaho.

10. NAME OF FATHER: Robt L. Bowles

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Nellie E. Sawin

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. C. Parrish.
(Address) Ilo. Idaho.

15.
Filed 7-22-1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16 1912, to July 20 1912 that I last saw him alive on July 20 1912 and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Pertussis

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. C. Parrish M. D.
7-21 1912 (Address) Ilo. Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery — DATE OF BURIAL: 7-21 1912

20. UNDERTAKER: Ilo Hdwe & Impl Co — ADDRESS: Ilo Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2632
Registered No. 29

1. PLACE OF DEATH.
County of Lewis
City of ..... (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Stella Irene Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 15 (Day) 1910 (Year)

7. AGE: 2 yrs. 6 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewis Co

10. NAME OF FATHER: Riley Nelson

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: alpha Crouse

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Riley Nelson
(Address) Flo Idaho.

15.
Filed 7-30 1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1912, to July 28 1912 that I last saw h dec alive on July 28 1912 and that death occurred on the date stated above, at 2. P M.

The CAUSE OF DEATH* was as follows:
Pertussis

..... (Duration) ..... yrs. ..... mos. 15 ds.
Contributory Convulsions
(Secondary)
..... (Duration) ..... yrs. ..... mos. (1) ds.
(Signed) H. C. Parrish M. D.
July 28 1912 (Address) Flo Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I O O F Cemetery Flo Ida — DATE OF BURIAL: 7-29- 1912

20. UNDERTAKER: Flo Hdw & Impl Co — ADDRESS: Flo Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2093
File No. 2633
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Rock Creek (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Francis J Cory
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 7 (Month) – 4 (Day) 1899 (Year)

7. AGE: 13 yrs. mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Henry Cory

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Cassie Davis

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John F Kenyon
(Address) Rock Creek

15.
Filed 7-10 1912 John F Coughlan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to July 8 1912
that I last saw him alive on July 7 1912
and that death occurred on the date stated above, at 4P M.

The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) yrs. mos. 14 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. W. Wilson M. D.
July 9 1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: July 9 1912

20. UNDERTAKER: C J Crosby
ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2634
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rev. M. John Gourley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Sept 17 (Month) (Day) 1850 (Year)

7. AGE: 61 yrs. 9 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Minister
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Greensburg Penn

10. NAME OF FATHER: Samuel S. Gourley

11. BIRTHPLACE OF FATHER (State or Country): Greensburg Penn

12. MAIDEN NAME OF MOTHER: Eliza Clements

13. BIRTHPLACE OF MOTHER (State or Country): Sardis Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John H Gourley
(Address): Filer Idaho

15. Filed July 3 1912 John F Coughe
Local Registr

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to July 1 1912, that I last saw h[illegible] alive on July 1 1912 and that death occurred on the date stated above, at 5P M.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

..... (Duration) Not known yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J O Boyd M. D.
July 3 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 3 mos. 3 ds. In the State 6 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Penn & Ohio

19. PLACE OF BURIAL OR REMOVAL: Youngstown Pa.
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: C J [illegible]
ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

IDAHO YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2063
File No. 2135
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ida Koto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Japanese	Single

6. DATE OF BIRTH: May 3rd '12 (Month) 1 (Day) (Year)

7. AGE: ..... yrs. 2 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Twin Falls

10. NAME OF FATHER: Chas. S. Koto

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: Matusue Hataye

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. S. Koto,
(Address) Twin Falls.

15. Filed July 13 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13 1912, to July 13 1912, that I last saw h[illegible] alive on July 13 1912 and that death occurred on the date stated above, at 3 30 PM.

The CAUSE OF DEATH* was as follows:
Ptomaine Poisoning

(Duration) - yrs. - mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.
July 13 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: July 14 1912

20. UNDERTAKER: C. J. Crosby — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of ..... (No. ....., ... St.)

Registration District No. 23
Primary Registration District No. 2085.

File No. 2636
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Kernin Breckenridge

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Jan. 2nd 1905
(Month) (Day) (Year)

7. AGE: 67 yrs. 6 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Longmont, Colo.

10. NAME OF FATHER: L.L.Breckenridge

11. BIRTHPLACE OF FATHER (State or Country): Pardoe, Penn.

12. MAIDEN NAME OF MOTHER: Effie Crumley

13. BIRTHPLACE OF MOTHER (State or Country): Jefferson, Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Breneck
(Address) Twin Falls

15. Filed 7-17 191 2 John F. Congleton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 16 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 191 2, to July 16 191 2, that I last saw h-im alive on July 16 191 2 and that death occurred on the date stated above, at 20 M.

The CAUSE OF DEATH* was as follows:
Purpura Hemorrhagica

(Duration) ..... yrs. ..... mos. 18 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H.W.Wilson M. D.
July 17 191 2 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelton Neb	7-20 191 2

20. UNDERTAKER	ADDRESS
L.J. Crosby	Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2637
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of [illegible]
Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carolina Radeke

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: April (Month) 6 (Day) 1844 (Year)

7. AGE: 68 yrs. 1 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired House
(b) General nature of industry business or establishment in which employed (or employer): Keeper

9. BIRTHPLACE (State or Country): Bovaria Germany

10. NAME OF FATHER: Joseph Merling

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Barbarie Merling

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Reeves
(Address) Twin Falls

15. Filed 7-11 1912 John H Coughlan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 1912, to July 10 1912
that I last saw h[illegible] alive on July 10 1912
and that death occurred on the date stated above, at 10 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of stomach.

..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Influenza Pneumonia
..... (Duration) ..... yrs. [illegible] mos. ..... ds.

(Signed) A W Wilson M. D.
July 12 1912 (Address) Twin Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: July 12 1912

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2638
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John L. Secord

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Oct. 17th 1824 (Month) 1 (Day) (Year)

7. AGE: 87 yrs. 9 mos. No ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: John L. Secord

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Sarah Lampman ?

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Secord
(Address) Twin Falls Idaho

15. Filed July 8 1912. Chas Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 18 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13 1912, to July 17 1912, that I last saw him alive on July 17 1912, and that death occurred on the date stated above, at 1a M.

The CAUSE OF DEATH* was as follows:
Cystitis
(Duration) yrs. mos. 2 1 ds.
Contributory (Secondary) Hypertrophied Prostate
(Duration) yrs. mos. ds.

(Signed) C. E. Weaver M. D.
7/18/1912 (Address) Twin Falls.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls | DATE OF BURIAL: 7-20 1912

20. UNDERTAKER: C. J. Crosby | ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

GVMS - YORK CO., PTRS. & BDRS. 9760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of "
(No. ....., ... St.)

Registration District No. 23
Primary Registration District No. 2085

File No. 2639
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Olive O. Salisbury

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed.
6. DATE OF BIRTH: Dec. (Month) 25 (Day) 1871 (Year)
7. AGE: 37 yrs. 8 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Marion Co - Ark.
10. NAME OF FATHER: James H. Snelson
11. BIRTHPLACE OF FATHER (State or Country): Tenn
12. MAIDEN NAME OF MOTHER: Margaret Block
13. BIRTHPLACE OF MOTHER (State or Country): North Carolina
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lee J. Snelson
(Address) Filer Ida
15. Filed July 31 1917 A A Newberry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: ~~Aug~~ July (Month) 30 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 21 1917 to July 30" 1917 that I last saw her alive on July 30 1917 and that death occurred on the date stated above, at 5.30 P.M.
The CAUSE OF DEATH* was as follows:
not known
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J.O. Boyd M. D.
Aug 1" 1917 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer, Ida — DATE OF BURIAL: Aug 1 1917
20. UNDERTAKER: P. J. Grossmann — ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 23
County of Twin Falls Primary Registration District No. 2085
City of [illegible] (No. ....., ... St.)
File No. 2640
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cassius A Ball

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 22 (Day) 1847 (Year)

7. AGE: 65 yrs. 2 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Contractor
(b) General nature of industry business or establishment in which employed (or employer): & Builder.

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: James Ball

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Ann Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. J. Ball
(Address) Twin Falls

15.
Filed 7-31 1912 John D Hawkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1912, to July 09 1912
that I last saw him alive on June 3 1912
and that death occurred on the date stated above, at 4 am M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis.

(Duration) 1 yrs. 6 mos. ..... ds.
Contributory (Secondary) Arteriosclerosis.
(Duration) indefinate yrs. 1 mos. ..... ds.

(Signed) H. Howelson M. D.
July 29 1912 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: July 29 1912

20. UNDERTAKER: S. F. Grossman
ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl

Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

File No. 2641
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edgar Trimbell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 6th 1857 (Month) (Day) (Year)

7. AGE: 54 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Cyrus Trimbell

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Frances Eleanor Carson

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Trimbell
(Address) Buhl - Idaho -

15. Filed 7-22 1912
J. F. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to July 21 1912
that I last saw h[illegible] alive on 7/21 1912
and that death occurred on the date stated above, at 1.40 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma Pancreas.
Serious Carcinoma
..... (Duration) 4 a 5 years mos. ..... ds.
Contributory (Secondary) X
X (Duration) X yrs. X mos. X ds.
(Signed) O. F. McClusky M. D.
7/21 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida
DATE OF BURIAL: 7/22 1912

20. UNDERTAKER: H. B. Evans
ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2642
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl
Registration District No. 2087.
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Foreman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Baby
(Write the word.)

6. DATE OF BIRTH 7 (Month) 18 (Day) 12 (Year)

7. AGE ..... yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ×
(b) General nature of industry business or establishment in which employed (or employer) ×

9. BIRTHPLACE (State or Country) Buhl Idaho

10. NAME OF FATHER B Frank Foreman

11. BIRTHPLACE OF FATHER (State or Country) Marshalltown Iowa

12. MAIDEN NAME OF MOTHER Pearle Underwood.

13. BIRTHPLACE OF MOTHER (State or Country) Warsaw Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Pearle Clusky
(Address) Buhl Idaho

15. Filed 7-24 1912 J. W. Murfley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 7 (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/18 1912, to 7/22 1912 that I last saw him alive on 7/21 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Non closure of valve between auricles of heart
× (Duration) × yrs. × mos. 3 ds.
Contributory (Secondary) × × (Duration) × yrs. × mos. × ds.

(Signed) A. Pearle Clusky M. D.
7/22 1912 (Address) Buhl Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Twin Falls Idaho
DATE OF BURIAL 7/22 1912

20. UNDERTAKER H. B. Evans
ADDRESS Buhl Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2643
Registered No.

1. PLACE OF DEATH.
County of Twin Falls.
City of Buhl.

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jno. Grieshaber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Colored	Married.

6. DATE OF BIRTH: Sept. (Month) 6 (Day) 1850 (Year)

7. AGE: 61 yrs. 10 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Badan Ger.

10. NAME OF FATHER: Jno Grieshaber. Sr.

11. BIRTHPLACE OF FATHER (State or Country): Badan Ger.

12. MAIDEN NAME OF MOTHER: Not Known.

13. BIRTHPLACE OF MOTHER (State or Country): Germany.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jno Grieshaber
(Address) Buhl Ida

15. Filed 7-20 1912 J. W. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1912, to July 19 1912
that I last saw h.. alive on July 19 191..
and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:
Cancer of jaw.

..... (Duration) ..... yrs. 5 mos. 19 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Murphy M. D.
7-20 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer. DATE OF BURIAL: 7-21 1912

20. UNDERTAKER: W. B. Evans. ADDRESS: Buhl

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2645
Registered No. 19

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Elmore
City of Glenns Ferry (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1

2. FULL NAME Agnese Brainard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH
Apr 12 (Month) (Day) 1912 (Year)

7. AGE
yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Caldwell Idaho

10. NAME OF FATHER Harry Brainard

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Lora Vernaut

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry M. Brainard
(Address) Glenns Ferry Idaho

15.
Filed July 18th 1912 J. W. Davis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
July (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17th, 1912, to July 18th, 1912 that I last saw her alive on July 17th, 1912, and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:
Marasmus
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Diarrhoea & Eczema
..... (Duration) ..... yrs. 1½ mos. ..... ds.
(Signed) J. W. Davis M. D.
July 18th 1912 (Address) Glenns Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF BURIAL OR~~ REMOVAL Caldwell Idaho
DATE OF BURIAL July 19th 1912

20. UNDERTAKER J. M. Bowen
ADDRESS Mountain Home Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2646
Registered No.

1. PLACE OF DEATH.
County of Elmore
City of Glenns Ferry
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....
Primary Registration District No. .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice Lillian Fairchild.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 19th (Day) 1885 (Year)

7. AGE: 27 yrs. 3 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Milliner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: John S. Lewis

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Fairchild.
(Address) Glenns Ferry

15.
Filed July 8 1912 W. L. Frazin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1912, to July 6th 1912 that I last saw her alive on July 6 1912, and that death occurred on ~~the date stated above~~ July 7th, at 2 47 P.M.

The CAUSE OF DEATH* was as follows:
Septicemia

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Surgical Operation
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Baugh M. D.
July 8 1912 (Address) Glenns

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Glenns Ferry
DATE OF BURIAL: July 8th 1912

20. UNDERTAKER: J. M. Comm
ADDRESS: not home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

33 X

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mountainhome (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 80
Primary Registration District No. 2020

File No. 2647
Registered No. 21
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Luis Ytuni

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Spanish
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: July 20 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mountainhome

10. NAME OF FATHER Victor Ytuni

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Cristina Olzola

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Buonfather
(Address) Mountain Home, Idaho

15. Filed July 22 1912 W. L. Francis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 21st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20th 1912, to July 21st 1912 that I last saw h[illegible] alive on July 21st 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. one ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Buonfather M. D.
July 21st 1912 (Address) Mountain Home, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountainhome
DATE OF BURIAL: July 22 1912

20. UNDERTAKER: J. M. Corran
ADDRESS: Mountainhome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Oakley
(No. ....., ... St.)
Registration District No. 17
Primary Registration District No. 2078
File No. 2643
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. N. Holman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
..... (Month) ..... (Day) 1849 (Year)

7. AGE
63 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.... Landlord
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wisconsin

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno. W. Givens
(Address) Oakley, Idaho

15.
Filed ..... 191...
J. M. Fairley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1908, to July 31 1912
that I last saw him alive on July 10, 1912
and that death occurred on the date stated above, at 11 - A. M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

..... (Duration) ..... yrs. ..... mos. 2 - ds.
Contributory Dementia.
(Secondary)
..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Jno. W. Givens M. D.
Aug 5 1912 (Address) Oakley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oakley Ida	Aug 5" 1912
20. UNDERTAKER	**ADDRESS**
W. Stoddard	Gifford Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2650
Registered No. 73

1. PLACE OF DEATH. Registration District No. 17
County of Clearwater Primary Registration District No. 2078
City of Ore Fino (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm A Burns

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ~~July~~ (Month) ~~4~~ (Day) 1861 ~~1912~~ (Year)

7. AGE: 51 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo H. Burns
(Address) Orofino, Ida

15. Filed July 5 1912 J. M. Tuley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1912, to July 4 1912, that I last saw him alive on July 4 1912 and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) — yrs. — mos. 5 ds.
Contributory (Secondary) Acute Insanity
(Duration) — yrs. 3 mos. 1 ds.

(Signed) J. M. Tuley M. D.
July 5 1912 (Address) Orofino, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Chanda, Minn — DATE OF BURIAL ..... 191...

20. UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2652
Registered No. 36

1. PLACE OF DEATH.
County of Bannock
City of Downey (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2046

2. FULL NAME Herbert Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M	W	

6. DATE OF BIRTH
May 7 (Month) 1912 (Day) (Year)

7. AGE
yrs. 1 mos. 20 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Downey, Idaho

10. NAME OF FATHER Arthur E. Smith

11. BIRTHPLACE OF FATHER (State or Country) Tennessee

12. MAIDEN NAME OF MOTHER Mintie McCulley

13. BIRTHPLACE OF MOTHER (State or Country) Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W D Smith
(Address) Downey

15.
Filed July 24, 1912 Ellis Kackley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June 27 1912
(Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1912, to ~~June~~ June 27 1912 that I last saw him alive on June 27 1912, and that death occurred on the date stated above, at 4.00 A.M.

The CAUSE OF DEATH* was as follows:
Whooping Cough

(Duration) yrs. 1 mos. ds.
Contributory (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
June 27 1912 (Address) Downey, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jerome, Idaho
DATE OF BURIAL: June 28 1912

20. UNDERTAKER: C.E.Layton
ADDRESS: Downey, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2653
Registered No. 35

1. PLACE OF DEATH.
County of Bannock
City of Soda Springs

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Simmons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 3 (Day) 1854 (Year)

7. AGE: 58 yrs. 2 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Joseph H. Simmons

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Rachel St Clair

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos. Simmons, Jr
(Address) Soda Springs Ida

15.
Filed July 24 1912 Ellis Causey
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July 17, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1912, to July 17, 1912
that I last saw her alive on July 15, 1912
and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Pneumonia
..... (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Ellis Causey M. D.
July 18, 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Soda Springs
DATE OF BURIAL: July 19 1912

20. UNDERTAKER: Ed Wilson
ADDRESS: Soda Springs
Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2654
Registered No. 33

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2048
City of Soda Springs (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rilla Skinner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Married

6. DATE OF BIRTH: July (Month) 11 (Day) 1890 (Year)

7. AGE: 21 yrs. 0 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Wm. Monroe

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Henderson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David S Skinner
(Address) Soda Springs Idaho

15. Filed July 14 1912 Ellis Kasey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1912, to July 2, 1912, that I last saw h[illegible] alive on July 2, 1912 and that death occurred on the date stated above, at 8P M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ellis Kasey M. D.

July 14 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eight Mile Cemy	July 14 1912
20. UNDERTAKER	**ADDRESS**
Ed Whitmore	Soda Springs

Ice

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2655
Registered No. 32

1. PLACE OF DEATH.
County of Bannock
City of Cleveland

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ira Ames

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Oct (Month) 3 (Day) 1836 (Year)

7. AGE: 75 yrs. 9 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kirtland, Geauga, Ohio

10. NAME OF FATHER: Ira Ames

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Charity Carter

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Lundgreen
(Address) Treasureton Idaho

15.
Filed July 24, 1912 Ellis Kaysey Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191....
that I last saw him alive on July 13 1912
and that death occurred on the date stated above, at 4:10 A.M.

The CAUSE OF DEATH* was as follows:

Dropsy and general Debility
Organic Heart Disease
(Duration) 3 weeks yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) M. Lundgreen M. D.
July 24 1912 (Address) Treasureton

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cleveland Bannock
DATE OF BURIAL: July 23 1912

20. UNDERTAKER: B. J. Preston
ADDRESS: Cleveland Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2657
Registered No. 34

1. PLACE OF DEATH.
County of Kootenai
City of Soda Springs

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Messenger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: July (Month) 20 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 2 hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Soda Springs

10. NAME OF FATHER: Melvin Messenger

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Grace Byington

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Ellis Kaysley
(Address) Soda Springs

15.
Filed July 20, 1912 Ellis Kaysley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1912, to July 20, 1912
that I last saw her alive on July 20, 1912
and that death occurred on the date stated above, at 9a M.
The CAUSE OF DEATH* was as follows:
Premature Birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory None
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ellis Kaysley M. D.
July 20, 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soda Springs cem
DATE OF BURIAL: July 20, 1912

20. UNDERTAKER: Eds Thulemeier
ADDRESS: Soda Springs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2658
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Black Bear
(No. ....., ... St.)

Registration District No. 25
Primary Registration District No. 2109

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Bernardy.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: July (Month) 31st (Day) 1912 (Year)

7. AGE: 5 yrs. 9 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Venice, Italy

10. NAME OF FATHER: John Bernardy.

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Bernardy
(Address) Black Bear Shoshone Co. Ida.

15. Filed Aug 5. 1912 M. Chas. A. Wittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1912, to July 31 1912 that I last saw him alive on July 31 1912 and that death occurred on the date stated above, at 1.30 P M.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ..... yrs. ..... mos. 5- ds.

Contributory (Secondary) Congestion & Coma.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alexander Lawson M. D.

1912 (Address) Burke Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: Aug 3 1912

20. UNDERTAKER: H. F. Ward
ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2659
Registered No. 5-5

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Providence Hosp. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Redzel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 47 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sister Superior
(Address) Providence Hospital

15. Filed July 7, 1912 T. Geo. Dunphy, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1912, to July 4 1912
that I last saw h-- alive on July 4 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH was as follows:
Mitral Regurgitation
Acute Parenchymatous
Nephritis.
(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. R. Mowry M. D.
July 19 12 (Address) Wallace Ida

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: 7/7 1912

20. UNDERTAKER: T. G. Norstet
ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 38
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Hathaway Lodging House St.)
File No. 2660
Registered No. 56

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ed. Tobin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 45 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Logger.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: John Tobin

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward
(Address)

15. Filed July 7, 1912 T. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 6th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia
Fortnight
(Duration) Few Minutes
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. R. Mowry M. D.
July 6 1912 (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: July 7th 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 78
County of Shoshone. Primary Registration District No. 1011
City of Wallace. (No. Providence Hospital St.)
File No. 2661
Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John C. McLeod.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 49 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ontario.

10. NAME OF FATHER: John McLeod.

11. BIRTHPLACE OF FATHER (State or Country): Ontario

12. MAIDEN NAME OF MOTHER: Mary McDonell.

13. BIRTHPLACE OF MOTHER (State or Country): Ontario.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. J. McLeod
(Address) J. Mullan Idaho

15. Filed July 17 1912 A. Leo Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 16th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to July 16 1912
that I last saw him alive on July 16 1912
and that death occurred on the date stated above, at 10 a. M.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

..... (Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. Leo Langley M. D.
July 17 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 10 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Mullan, Idaho

19. PLACE OF BURIAL OR REMOVAL: Mullan Ida. DATE OF BURIAL: July 19 1912

20. UNDERTAKER: W. P. Ward ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2662
Registered No. 58

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Pauline Edna Jamme

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug 2d 1893 (Month) (Day) (Year)

7. AGE: 19 yrs. 11 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Centralia Wash.

10. NAME OF FATHER: Sidney Jamme

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Alice Phipps

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice M Jamme
(Address) Kellogg Shoshone Co Idaho

15.
Filed July 20 1912 T. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 18th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11th 1912, to July 18th 1912 that I last saw her alive on July 18th 1912 and that death occurred on the date stated above, at 11.05 P.M.

The CAUSE OF DEATH* was as follows:
Cerebro Spinal Meningitis

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. 13 ds.

(Signed) C A Stone M. D.
July 20th 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: July 21 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2664
Registered No. 31

1. PLACE OF DEATH.
County of Lincoln
City of Dietrich

Registration District No. 5
Primary Registration District No. 3016
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Andrew.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: June (Month) 21st (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Dietrich Idaho.

10. NAME OF FATHER Peter Andrew.

11. BIRTHPLACE OF FATHER (State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER Margaret Loehr

13. BIRTHPLACE OF MOTHER (State or Country) Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Andrew
(Address) Dietrich, Idaho

15. Filed June 28 1912 C. E. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 24th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21st 1912, to June 24 1912 that I last saw her alive on June 23rd 1912 and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Four hours.
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. S. Lighthall M. D.
June 25-1912 (Address) Dietrich Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Buried on Ranch
DATE OF BURIAL: June 25-1912

20. UNDERTAKER: None
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2665
Registered No. 87

1. PLACE OF DEATH.
County of Fremont
City of Gorfield (No. Rigby R.F.D., St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME. Oscar Iversen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: Aug 5 (Month) (Day) 1917 (Year)

7. AGE: ....yrs. ....mos. ....ds. IF LESS than 1 day how many 4 hrs. or ....min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gorfield Idaho.

10. NAME OF FATHER: Oscar Iversen.

11. BIRTHPLACE OF FATHER (State or Country): Norway.

12. MAIDEN NAME OF MOTHER: Agnes Rasmussen

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Iversen
(Address) Rigby R.F.D.

15. Filed Aug. 10 191 7 Ray S. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug 5-L (Month) (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....
that I last saw h....alive on ....191....,
and that death occurred on the date stated above, at ....M.
The CAUSE OF DEATH* was as follows:

Premature. 7 mo.
Midwife case

(Duration) ....yrs. ....mos. ....ds.

Contributory (Secondary)

(Duration) ....yrs, ...mos. ....ds.

(Signed) Ray S. Fisher M. D.
Aug 8 1917 (Address) Rigby Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: ~~Gorfield~~ Grand View Cemetery — DATE OF BURIAL: Aug 6 191 7

20. UNDERTAKER: Friends. — ADDRESS: Gorfield. Rigby R.F.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Bonneville Primary Registration District No. 2046
City of Rigby (No. ....., ... St.)
File No. 2666
Registered No. 89

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Catalina Ossmen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Wht.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed.

6. DATE OF BIRTH: Oct. 19th (Month) (Day) 1825 (Year)

7. AGE: 86 yrs. 9 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farm Laborer
(b) General nature of industry business, or establishment in which employed (or employer): Chidsen

9. BIRTHPLACE (State or Country): Sweden.

10. NAME OF FATHER: Mr. Ger.

11. BIRTHPLACE OF FATHER (State or Country): Sweden.

12. MAIDEN NAME OF MOTHER: Don't Know.

13. BIRTHPLACE OF MOTHER (State or Country): Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. W. Ossmen
(Address) Rigby Idaho

15. Filed Aug 10 1917 Ray St Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 22 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 21 1917 that I last saw h[illegible] alive on July 22 1917, and that death occurred on the date stated above, at 11 a.m. M.

The CAUSE OF DEATH* was as follows:

Pneumonia and Shock following fracture of the neck of the femur

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) 2 days

(Duration) yrs. mos. ds.

(Signed) Ray St Fisher M. D.

July 23 1917 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby — DATE OF BURIAL: July 23 1917

20. UNDERTAKER: Greenes. ADDRESS: Rigby Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2667

Registered No. 88

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2040

County of Fremont

City of Fairville (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Elizabeth Strong

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	W	Widowed

6. DATE OF BIRTH: Jan — 1835
(Month) (Day) (Year)

7. AGE: 77 yrs. 6 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): At Home

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Thos Mendenhall

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Fifield
(Address) Lorenzo # 2

15.
Filed Aug 10 1912 Ray W Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 16 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1912, to July 16 1912 that I last saw her alive on July 2 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Senility - Cardiac dilatation

(Duration) Several yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A Anderson M. D.
July 17 1912 (Address) Rigby, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Springville Utah — DATE OF BURIAL: July 19 1912

20. UNDERTAKER: M. J. Peck & Sons — ADDRESS: Rigby Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2669

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 3040
City of Rugby (No. ....., ... St.) Registered No. 90

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E. Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: March 9 1909 (Month) (Day) (Year)

7. AGE: 3 yrs. 5 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Milo Ida

10. NAME OF FATHER: M. E. Brown

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Clara E. Morris

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): M. E. Brown
(Address): Rugby #2

15. Filed Aug 13 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug 11 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowning
No physician called

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ray H. Fisher M. D.
Aug 13 1912 (Address) Rugby, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Milo
DATE OF BURIAL: 8/13 1912

20. UNDERTAKER: M. J. Peck
ADDRESS: Rugby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2670

Registered No. 93

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2039

County of Fremont

City of Irigan (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Waldo W. Holcomb

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): infant

6. DATE OF BIRTH: May 22 1910 (Month) (Day) (Year)

7. AGE: 2 yrs. 1 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James G. Holcomb

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Sophia Wanseura

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James G Holcomb
(Address) Rexburg #2

15.
Filed Aug 10 1912 Ray H. Fisher Local Registrar
per B.D.F.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 19 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23 1912, to July 19 1912 that I last saw h alive on July 17 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Typhoid Infection
..... (Duration) ..... yrs. ..... mos. 27 ds.

Contributory (Secondary): None
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Moorefield M. D.
7/20 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Parker
DATE OF BURIAL: 7/21 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Plano (No. ....., ... St.)
File No. 2671
Registered No. 92

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Otto Burnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.): Married

6. DATE OF BIRTH: Aug 3 1872 (Month) (Day) (Year)

7. AGE: 39 yrs. 10 mos. 29 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: John Burnson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Annie Jacobson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Plano Ida

15. Filed Aug 1 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 17 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental
Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Redburg — DATE OF BURIAL: July ..... 191...

20. UNDERTAKER: J. R. Young — ADDRESS: Redburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

B. D. F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2672

Registered No. 91

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2038

County of Fremont

City of Redburg (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice Dean Fogg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: 7 (Month) — 18 (Day) — 1912 (Year)

7. AGE: 1 yrs. 1 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Wm Fogg

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Josie Rucks

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Wm Fogg
(Address): Redburg

15. Filed 7 — 19 — 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) — 18 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7 — 17 — 1912 to 7 — 18 — 1912 that I last saw h er alive on 7 — 18 — 1912, and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Intra-cranial haemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Eccles M. D.

7-19 1912 (Address) Redburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sugar City — DATE OF BURIAL: 7 — 20 — 1912

20. UNDERTAKER: John Phillips — ADDRESS: Redburg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2673

Registered No. 94

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 9

County of Fremont Primary Registration District No. 2039

City of Independence (No. ....., ... St.)

2. FULL NAME Cleo LaVere Hansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
F	W	Infant

6. DATE OF BIRTH July 14 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Hans M. Hansen

11. BIRTHPLACE OF FATHER (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Emma Jensen

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hans M. Hansen
(Address) Rexburg #1

15. Filed Aug 10 1912 Ray H. Fisher Local Registrar
per B.D.F.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14 1912, to July 14 1912, that I last saw her alive on July 14 1912, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:
Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. A. Cramon M. D.

July 15 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Burton — DATE OF BURIAL 7/16 1912

20. UNDERTAKER John P. Phillips — ADDRESS Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

2674

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2674

Registered No. 7

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No.

County of Ada

City of Mora (No. Mora P.O. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harold Norman Rea

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Nov. 30th 1906 July 21 1912
(Month) (Day) (Year)

7. AGE 7 yrs. 8 mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Boulder Colorado

10. NAME OF FATHER Joseph A. Rea

11. BIRTHPLACE OF FATHER (State or Country) Boulder Colo.

12. MAIDEN NAME OF MOTHER Emma Kallgren

13. BIRTHPLACE OF MOTHER (State or Country) Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph A. Rea
(Address) Mora Ida.

15.
Filed July 23 1912 C. L. Dutton
Local Registrar
A. A. Dutton

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 21 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ saw 191, to 191, ~~that I last saw him alive on~~ dead July 21 1912 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Accidental drowning in Mora Canal while wading at play
(~~Duration~~) ~~yrs.~~ ~~mos.~~ ~~ds.~~

~~Contributory~~ (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber ~~M. D.~~ Coroner
19 (Address) of Ada Co. Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rea Ranch near Mora Ada Co. DATE OF BURIAL: 7/22 1912

20. UNDERTAKER: Schreiber & Siebenfeden ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PTRS. & BDRS. 19780

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 33

Primary Registration District No. ~

File No. 2675

County of Bingham

City of Shelley (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Timothy J. Kearney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: May (Month) 1 (Day) 1853 (Year)

7. AGE: 63 yrs. 2 mos. 29 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Daniel Kearney

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Anne Kennedy

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. T. J. Kearney
(Address) Shelley Idaho

15. Filed Aug 1st 1912 Edwin Carter
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-10- 1912 to 7-30 1912 that I last saw h[illegible] alive on 7-30 1912 and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Bright's Disease.

(Duration) 2½ yrs. mos. ds.

Contributory (Secondary) Alcoholism all his life.

(Duration) yrs. mos. ds.

(Signed) Edwin Carter M. D.

19 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley Idaho	Aug 3 1912
20. UNDERTAKER	ADDRESS
G. W. Hunt	Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2676

Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Lincoln
City of Heyburn

Registration District No. 29
Primary Registration District No. 2102
(No. ....., ... St.)

2. FULL NAME Angel D. Lafranchi

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 4 (Day) 1910 (Year)

7. AGE: 2 yrs. 2 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sacramento Calif

10. NAME OF FATHER: A. S. Lafranchi

11. BIRTHPLACE OF FATHER (State or Country): West Point Calif

12. MAIDEN NAME OF MOTHER: Mary Sondere

13. BIRTHPLACE OF MOTHER (State or Country): Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Angel D. Lafranchi
(Address) Heyburn Idaho

15. Filed Aug 11 1912 — V. P. Killen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1912, to July 20 1912, that I last saw him alive on July 20 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Strangulation
Accidental

(Duration) Instantaneous yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Munter M. D.
July 20 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 6 mos. ..... ds. In the State 1 yrs. 6 mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Heyburn — DATE OF BURIAL: July 21 1912

20. UNDERTAKER: L. B. Gallogly — ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5-20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 29

County of Lincoln

Primary Registration District No. 2102

File No. 2677

City of Heyburn (No. ....., ... St.)

Registered No. 7

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ava Myrtle Sartan

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 4 1882 (Month) (Day) (Year)

7. AGE: 30 yrs. 4 mos. 16 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): West Virginia

10. NAME OF FATHER: A J Stephens

11. BIRTHPLACE OF FATHER (State or Country): West Virginia

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J E Sartan
(Address) Heyburn

15.
Filed Aug 1 1912 V. P. Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 19 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1908, to May 1912 that I last saw h er alive on July 13 1912 and that death occurred on the date stated above, at 4. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 4 yrs. — mos. — ds.

Contributory (Secondary): Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. P. Killen M. D.

19..... (Address) Heyburn Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Heyburn | DATE OF BURIAL: July 20 1912

20. UNDERTAKER: W. A. Goodman | ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Lincoln Primary Registration District No. 2044
City of Gooding (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 2678
Registered No. 32
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME M Hamada

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Japan

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (State or Country): .....

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO ~~THE~~ BEST OF MY KNOWLEDGE
(Informant) H Kay
(Address) Gooding Idaho

15.
Filed July 3rd 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29th 1912, to July 1 1912, that I last saw h[illegible] alive on June 29 1912, and that death occurred on the date stated above, at 10a M.

The CAUSE OF DEATH* was as follows:
Entero hemorrhage
acute alcoholism
Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Kay MD M. D.
July 1 1912 (Address) Gooding Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding Idaho
DATE OF BURIAL: July 3rd 1912

20. UNDERTAKER: A E Thompson
ADDRESS: Gooding

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2673
Registered No. 30

PLACE OF DEATH.

County of Lincoln
City of Richfield
(No. ....., ... St.)

Registration District No. 27
Primary Registration District No. 2014

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME B B Simonton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

DATE OF BIRTH: 1885 (Month) (Day) 1 (Year)

AGE: 27 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: W L Simonton

11. BIRTHPLACE OF FATHER (State or Country): Portland Maine

12. MAIDEN NAME OF MOTHER: Etta Simonton

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Pearson

(Address) Richfield Idaho

15. Filed July 26th 1912. C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 25 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...,
and that death occurred on the date stated above, at 10:20 A. M.

The CAUSE OF DEATH* was as follows:

Fractured vertebrae resulting from horse falling upon and rolling over him —

(Duration) Instantly yrs. ..... mos. ..... ds.

Contributory (Secondary) — —

(Duration) — yrs. — mos. — ds.

(Signed) J. C. Dores M. D.

7 25 1912 (Address) Richfield Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pendleton Oregon

DATE OF BURIAL: ..... 191...

20. UNDERTAKER: O F Brennan

ADDRESS: Shoshone Ida.

MARGIN RESERVED FOR BINDING
K—THIS IS A PERMANENT RECORD.
pplied. AGE should be stated
ns, so that
ructions

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH.
County of Lincoln
City of Bliss
(If death occurs away from usual residence, give facts called for under special information.)

Registration District No. 1
Primary Registration District No. 2914
(No. ..... St.)

File No. 2650
Registered No. 34

2. FULL NAME Mrs H C Bell

(If death occurred in hospital, institution or camp give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Married~~ Widowed

DATE OF BIRTH: Oct (Month) 24 (Day) 1888 (Year)

AGE: 23 yrs. 8 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: David M Akpaugh

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Johanna Brown

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry C Bell
(Address) Bliss Ida

15. Filed June 16 1913 C F Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to July 13 1912, that I last saw h[illegible] alive on June 30 1912, and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J H Cromwell M. D.
July 13 1912 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Bliss In the
of death ..... yrs. 4 mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? Indiana
Former or usual residence Indiana

19. PLACE OF BURIAL OR REMOVAL: Salem Indiana
DATE OF BURIAL: 7-13 191[illegible]

20. UNDERTAKER: A E Thompson
ADDRESS: Gooding Ida

AYMS-YORK CO., PRINTERS & BINDERS. BOISE 18172

MARGIN RESERVED FOR BINDING
THIS IS A PERMANENT RECORD. WITH UNFADING INK—
PLAINLY, carefully supplied. AGE should be stated in plain terms, See instruct

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln.
City of Goodings.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2014
(No. ....., ... St.)

File No. 2682
Registered No. 33
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Linehan.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH: June 20 (Month) 1912. (Day) (Year)

7. AGE: 8. days. yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Gooding.

10. NAME OF FATHER: Joe Linehan.

11. BIRTHPLACE OF FATHER (State or Country): Azors

12. MAIDEN NAME OF MOTHER: Mary Shubaky.

13. BIRTHPLACE OF MOTHER (State or Country): Azors.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): F. Leary M D
(Address): Gooding Ida

15. Filed June 29 1912. C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 27 (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1912, to June 27 1912, that I last saw him alive on June 27 1912, and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia - Measles

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Bronchopneumonia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. F. Leary M. D.
1912 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gooding Idaho
DATE OF BURIAL: June 28 1912

20. UNDERTAKER: A E Thompson
ADDRESS: Gooding Idaho

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2683
Registered No. 35

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2998
(No. ....., ... St.)

2. FULL NAME John M. Bee.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Feb. (Month) 6th (Day) 1834 (Year)

7. AGE: 78 yrs. 6 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Edenburgh Scotland

10. NAME OF FATHER: George Bee

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Jeanette Acheson

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John M. Bee
(Address): Georgetown Idaho

15.
Filed July 1 1912
J. W. Hayward
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4th 1912; to July 18 1912
that I last saw h[illegible] alive on July 18 1912
and that death occurred on the date stated above, at 10 P.M.
The CAUSE OF DEATH* was as follows:
Chronic Prostatitis

..... (Duration) Don't know yrs. ..... mos. ..... ds.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. W. Merry M. D.
July 18 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State 38 yrs. 6 mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Georgetown Idaho

19. PLACE OF BURIAL OR REMOVAL: Georgetown DATE OF BURIAL: July 21st 1912

20. UNDERTAKER: None ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2684
Registered No. 38

1. PLACE OF DEATH
County of Bear Lake
City of Paris (No. ....., ... St.)
Registration District No. 24
Primary Registration District No. 2092

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME La Rue Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 6 (Day) 1912 (Year)
7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min? 2
8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Paris Idaho
10. NAME OF FATHER: Leslie Allen
11. BIRTHPLACE OF FATHER (State or Country): Idaho
12. MAIDEN NAME OF MOTHER: Nettie Ringle
13. BIRTHPLACE OF MOTHER (State or Country): Idaho
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Hayward
(Address) Paris
15. Filed July 8 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 7 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 6 1912, to July 7 1912, that I last saw h[illegible] alive on July 7 1912, and that death occurred on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Hayward M. D.
July 7 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paris Ida. DATE OF BURIAL: July 8 1912

20. UNDERTAKER: none ADDRESS .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Mkd 22
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2033
(No. ....., None St.)

File No. .....
Registered No. 205

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dono Earl Allred

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	White	S

6. DATE OF BIRTH May 20 1912
(Month) (Day) (Year)

7. AGE ..... yrs. 1 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Blackfoot Idaho

10. NAME OF FATHER Orville A Allred

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Zelma A. Patton

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Orville Allred
(Address) Blackfoot Idaho

15. Filed July 5 1912 W. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 4th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 1912 to ~~one visit~~ 1912
that I last saw him alive on July 4 1912
and that death occurred on the date stated above, at 5-15 P.M.

The CAUSE OF DEATH* was as follows:
Convulsions
from Whooping cough.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Patrie M. D.
July 5 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Ft. Peter Cem. Blackfoot — DATE OF BURIAL July 6 1912

20. UNDERTAKER ..... ADDRESS Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2686
Registered No. 50

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot RFD 3

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary S. Truckleton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 2 (Month) 12 (Day) 1874 (Year)

7. AGE: 37 yrs. 4 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home maker
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Manti Utah

10. NAME OF FATHER: Hm Edwards

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Nahonna Pabres

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. S. Truckleton
(Address)

15. Filed July 8 1912 M. E. Pabis
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5 1912, to July 7 1912
that I last saw h[illegible] alive on July 6 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Following Confinent
..... (Duration) ..... yrs. ..... mos. 18 ds.

(Signed) [signature] M. D.
July 8 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sterling Utah
DATE OF BURIAL: July 10 1912

20. UNDERTAKER: E. F. Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 13
Primary Registration District No. 1007
File No. 2687
Registered No. 51

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. Blackfoot Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary E Doolittle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 20 (Day) 1833 (Year)

7. AGE: 81 yrs. 11 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N Y

10. NAME OF FATHER: James McKinsen

11. BIRTHPLACE OF FATHER (State or Country): N Y

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs E L Callaway
(Address)

15. Filed July 9th 1912
W E Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 7 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1911, to July 8 1912
that I last saw her alive on July 7 1912
and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Senile Failure

(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary) Age and Arterial Sclerosis
(Duration) — yrs. — mos. — ds.

(Signed) C. A. J. Conway M. D.
July 9 1912 (Address) Blackfoot Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 12 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence: Springfield Idaho

19. PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
Grim city Cemetery Blackfoot July 9 1912

20. UNDERTAKER: E Funk
ADDRESS: Blackfoot Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ment of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. No number St.)
File No. 2685
Registered No.
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Nanun Cupid Burton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July 29 1912 (Month) (Day) (Year)
7. AGE: 16 yrs. 2 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Iowa
10. NAME OF FATHER: W. J. Burton
11. BIRTHPLACE OF FATHER (State or Country): Wis
12. MAIDEN NAME OF MOTHER: Ela. J. Palmer
13. BIRTHPLACE OF MOTHER (State or Country): Minn
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W J Burton
(Address) Blackfoot Ida.
15. Filed July 29 1912 M. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 29 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 1 1912 to July 29 1912 that I last saw her alive on July 28 1912 and that death occurred on the date stated above, at 3.10 P.M.
The CAUSE OF DEATH* was as follows:
Myocarditis.
(Duration) — yrs. 6 mos. — ds.
Contributory Rheumatism
(Secondary)
(Duration) 2 yrs. — mos. — ds.
(Signed) J. C. Whitehead M. D.
July 29 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grave City cemetery Blackfoot DATE OF BURIAL: July 30 1912
20. UNDERTAKER: E J Peck ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Aberdeen

Registration District No. 13
Primary Registration District No. 2029
(No. ....., ... St.)

File No. 2689
Registered No. 53

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cornelius Esau

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September 14 1850 (Month) (Day) (Year)

7. AGE: 61 yrs. 9 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Tailor and Farmer
(b) General nature of industry business or establishment in which employed (or employer): Worked for himself

9. BIRTHPLACE (State or Country): Russia

10. NAME OF FATHER: Cornelius Esau Sr.

11. BIRTHPLACE OF FATHER (State or Country): Russia

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W W H Janzen
(Address) Ammon Falls. Ida

15.
Filed July 3 1912 M. C. MacKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 1 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Heart failure no physician in attendance. There is no doubt he died from natural causes.
..... (Duration) ..... yrs. ..... mos. 10 min.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. C. MacKinnon M. D.
July 2 1912 (Address) Aberdeen, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mennonite Cemetery Aberdeen
DATE OF BURIAL: July 4 1912

20. UNDERTAKER acting
H. W. H Janzen
ADDRESS: American Falls Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 12
Primary Registration District No. 1603
(No. ....., ... St.)

File No. 2690
Registered No. 78

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ira D. Brockman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Nov 10 1876
(Month) (Day) (Year)

7. AGE 35 yrs. 8 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER Henry H. Brockman

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Caroline Pahl

13. BIRTHPLACE OF MOTHER (State or Country) Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E P Brockman
(Address) Rockford Wash.

15.
Filed 8/13 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7 1912, to July 15 1912
that I last saw him alive on July 15 1912
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Brights Disease

..... (Duration) 2 yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Dwyer M. D.
July 15 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Rockford
DATE OF BURIAL 17 July 1912

20. UNDERTAKER S. J. Lucas
ADDRESS Coeur d'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12

County of Kootenai Primary Registration District No. 2051 File No. 269

City of 3 miles southeast of Spokane Bridge, (No. ....., ... St.) Registered No. 79

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ella May Kaye

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not known (Month) (Day) 1 (Year)

7. AGE: Month + day not known. 20 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: W. T. Cardin

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Martha Custer

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest A. Kaye

(Address) Spokane Bridge, Mont.

15.

Filed 8/10 1912 M. H. Stevenson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1912, to July 18, 1912, that I last saw her alive on July 17 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Childbirth

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary): Puerperal Septicemia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) G. J. Tenbrook M. D.

July 19, 1912 (Address) Post Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pleasant View Cem. DATE OF BURIAL ..... 191...

20. UNDERTAKER: No Undertaker ADDRESS .....

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2692
Registered No. 80

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
Registration District No. 12
Primary Registration District No. 1603
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Seth Ed Sheldon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1836 (Year)

7. AGE
76 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Gardner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Seth Sheldon

11. BIRTHPLACE OF FATHER (State or Country): Conn

12. MAIDEN NAME OF MOTHER: Julia Bancroft

13. BIRTHPLACE OF MOTHER (State or Country): Conn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hannah Sheldon
(Address) Dalton Gardens

15.
Filed 8/11 1912
H. H. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1912, to July 23 1912
that I last saw him alive on July 20 1912
and that death occurred on the date stated above, at 10 M.

The CAUSE OF DEATH* was as follows:
Septic inflammation of the bladder

..... (Duration) 1 yrs. — mos. — ds.
Contributory (Secondary) Paralysis
..... (Duration) 1 yrs. — mos. — ds.

(Signed) Jno Busby M. D.
July 19 12 (Address) Coeur D'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Vernon Mich
DATE OF BURIAL: July 1912

20. UNDERTAKER: S J Lewis
ADDRESS: C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 269
Registered No. 21

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2051
City of Spirit Lake (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hannah Burns

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 70 yrs. 8 mos. 15 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Wm Gorman

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Jennie Cooper
(Address) [redacted] Cal.

15.
Filed 9/10 1911 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1912, to July 25 1912 that I last saw her alive on July 25 1912 and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) — yrs. 1 mos. 4 ds.

Contributory (Secondary) Fractured thigh

..... (Duration) ..... yrs. 1 mos. 15 ds.

(Signed) Earl S Pomeroy M. D.

7-27 1912 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [redacted] DATE OF BURIAL: 7/27 1912

20. UNDE[redacted] ADDRESS [redacted] Cataldo Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 12

County of Kootenai

Primary Registration District No. 1003

City of Coeur d'Alene

(No. ....., ... St.)

File No. 2694

Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Sheser

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

June (Month) 8 (Day) 1852 (Year)

7. AGE

60 yrs. 1 mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER Depuy

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Low

13. BIRTHPLACE OF MOTHER (State or Country) Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. Sheser

(Address) Pleasant Valley

15.

Filed 8/10 1912 H. H. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1911, to July 1912

that I last saw her alive on July 27 1912

and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 6 yrs. — mos. — ds.

Contributory (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Jno Bunby M. D.

July 1912 (Address) Coeur D'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Coeur D'Alene | DATE OF BURIAL July 30 1912

20. UNDERTAKER Cassedy & Nelson | ADDRESS Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 1003
File No. 2695
Registered No. 83

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
(No. ..... , ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harriet Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
Dec 18 1846
(Month) (Day) (Year)

7. AGE
66 yrs. 7 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Penn.

10. NAME OF FATHER J. Prentice

11. BIRTHPLACE OF FATHER (State or Country) Conn.

12. MAIDEN NAME OF MOTHER W Thomson

13. BIRTHPLACE OF MOTHER (State or Country) Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. James
(Address) .....

15.
Filed 8/10 1912 H. H. Hausmann Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
July 30th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 191- to July 30th 1912
that I last saw h- alive on " 1912
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows: Cancer.

Carcinoma
(Duration) — yrs. — mos. ..... ds.
Contributory Natural
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A Steuli M. D.
19 .... (Address) Coeur d'alene.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Forest Cemet B D'A | DATE OF BURIAL Aug 3 1912

20. UNDERTAKER Cassidy & Nelson | ADDRESS Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 18760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of C'd'A (No. ..... St.)
File No. 2696
Registered No. 97

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant daughter to E Price

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Coeur d Alene

10. NAME OF FATHER: Ed Price

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Lelia Brown

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E Price
(Address) Cdª

15. Filed 8/10 1912 A A Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 1912, to July 2 1912
that I last saw h[er] alive on July 1 1912
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:
Premature Labor

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John O Wood M. D.
July 3 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Lawn C'd'A — DATE OF BURIAL: July 3 1912

20. UNDERTAKER: J J Green — ADDRESS: C'd'A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2697
Registered No. 96

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d' Alene (No. ....., ... St.)
Registration District No. 1
Primary Registration District No. 1003

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Foster Granger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 8 (Day) 1845 (Year)

7. AGE: 67 yrs. 1 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Foster O. Granger

11. BIRTHPLACE OF FATHER (State or Country): Mass

12. MAIDEN NAME OF MOTHER: Mary Hillyard

13. BIRTHPLACE OF MOTHER (State or Country): Mass.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Maude Granger
(Address) Coeur d'Alene

15. Filed 8/10 1917 D. D. Driscoll Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 6th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th 1917, to July 6th 1917 that I last saw him alive on July 2nd 1917 and that death occurred on the date stated above, at 10A M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Bunday M. D.

July 6 1917 (Address) Coeur D'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hope Cem C. D'A. DATE OF BURIAL: July 7 1917

20. UNDERTAKER: Cassidy & Nelson ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

AVIS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2698
Registered No. 95

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene (No. ....., ... St.)

Registration District No. .....
Primary Registration District No. 1103

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lizzie V. Ashley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH Oct (Month) 5 (Day) 1879 (Year)

7. AGE 32 yrs. 8 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Maine

10. NAME OF FATHER Whitehouse

11. BIRTHPLACE OF FATHER (State or Country) Maine

12. MAIDEN NAME OF MOTHER McNeil

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Ashley
(Address) Coeur D'Alene

15. Filed 8/10 1912 L D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5th 1912, to July 8 1912 that I last saw her alive on July 8th 1912 and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Septic peritonitis

..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Pelvic abcess
..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J the Busby M. D.
July 8 1912 (Address) Coeur D'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem C D'A	July 10 1912
20. UNDERTAKER	ADDRESS
Cassedy & Nelson	Coeur D'Alene

WRITE PLAINLY, WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of Coeur D'Alene (No. ....., ... St.)
File No. 2693
Registered No. 94

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Fitzgerald

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1859 (Year)

7. AGE: 53 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Murphy

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Fitzgerald
(Address) Coeur d'Alene

15. Filed Aug 10 1917 D. D. Duncan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 9th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1917, to July 9th 1917
that I last saw her alive on July 9th 1917
and that death occurred on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:
Asthma
..... (Duration) 25 yrs. — mos. — ds.
Contributory (Secondary) Cancer of breast
..... (Duration) 2 yrs. — mos. — ds.

(Signed) Jno Bunby M. D.
July 9th 1917 (Address) Coeur d'Alene

(State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cat. Cem. C d'A. DATE OF BURIAL: July 10 1917

20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH.
County of Kootenai
City of Harrison

Registration District No.
Primary Registration District No. 12 034 9
(No. Harrison Hospital St.)

BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2700
Registered No. 93

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [redacted]

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6. DATE OF BIRTH July [redacted] 1875
(Month) (Day) (Year)

7. AGE 36 yrs. 11 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER Jas. McMillan

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Sarah Madden

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. E. Hill
(Address) Chatcolet

15.
Filed Aug 10 1912 A. D. Norman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH July 7 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1912, to July 7 1912
that I last saw her alive on July 7 1912
and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Typhoid fever complicated with heart disease
(Duration) ..... yrs. One mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Rogers M. D.
July 7 1912 (Address) Harrison Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death? Chatcolet Ida
Former or usual residence. Chatcolet

19. PLACE OF BURIAL OR REMOVAL Farmington Wash DATE OF BURIAL 7/9 1912

20. UNDERTAKER Cassidy & Nelson ADDRESS Coeur D'Alene

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF [illegible]
Bureau of Vital Statistics
File No. 2701
Registered No. 97

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum

Registration District No. 12
Primary Registration District No. 205
(No. ....., ...)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frederick J. Goodrich

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: October .... 1844 (Month) (Day) (Year)

7. AGE: 67 yrs. 9 mos. .... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): N. Y.

10. NAME OF FATHER: John F. Goodrich

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Maria Bishop

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. J. Goodrich
(Address) Rathdrum, Ida.

15. Filed Aug 10 1917 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 16 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1911, to July 16 1917, that I last saw him alive on July 15 1917, and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart
(Mitral Stenosis)

(Duration) several yrs. ..... mos. .....

Contributory (Secondary) Dis. of Kidneys, Arterio Sclerosis

(Duration) Several yrs. ..... mos. .....

(Signed) Frank Wing M. D.
7/16. 1917 (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum — DATE OF BURIAL: 7/17 1917

20. UNDERTAKER: C. E. Babs Sons — ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE HANDLE WITH CARE. THIS RECORD IS [illegible] AND SHOULD BE PRESERVED FOR [illegible]

PRINTED IN THE U.S.A. RESERVED FOR [illegible]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 17

Primary Registration District No. 5061

File No. 2702

Registered No. 91

County of Kosa

City of Kosa (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Baker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 28 (Day) 1847 (Year)

7. AGE: 65 yrs. ..... mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Fayette Co Ohio

10. NAME OF FATHER: Watson Baker

11. BIRTHPLACE OF FATHER (State or Country): Ross Co Ohio

12. MAIDEN NAME OF MOTHER: Rebecca Orr

13. BIRTHPLACE OF MOTHER (State or Country): Fayette Co Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nancy B Kenneday
(Address) Daisy Washington

15. Filed Aug 10 1917 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17th 1917 to July 1912
that I last saw her alive on July 10 1912
and that death occurred on the date stated above, at 10 9 M.

The CAUSE OF DEATH* was as follows:
Hemmorrhage of the brain

(Duration) 1 yr. ..... mos. ..... ds.

Contributory (Secondary) Congestion of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Bunby M. D.

19..... (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum Ida | DATE OF BURIAL: July 17 1912

20. UNDERTAKER: Joel Rodgers Sons | ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & RDRS. 19760

Eddie

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2703
Registered No. 90

1. PLACE OF DEATH.
County of Kootenai
City of ..... (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 2057

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Agnes Weston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 2 (Day) 1897 (Year)

7. AGE: 14 yrs. 8 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lacrosse Wis

10. NAME OF FATHER: Chas M Weston

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Agnes Murphy

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. M. Weston
(Address) Spirit Lake Ida.

15. Filed Aug 10 1912 — A. D. Newman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1912, to July 1 1912, that I last saw h[illegible] alive on June 30 1912 and that death occurred on the date stated above, at 12[illegible] A.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the Peritoneum bowels & Kidneys

(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Tubercular peritonitis
(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Earl S Booth M. D.
July 1 1912 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake — DATE OF BURIAL: 7/2 1912

20. UNDERTAKER: C E Burke & Son — ADDRESS: Rathdrum Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 27114

Registered No. 89

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

2. FULL NAME Robert C. Borthwick

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: June (Month) 26. (Day) 1832 (Year)

7. AGE: 80 yrs. — mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Prince Edward Islands

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Annie Wood
(Address) Rathdrum, Ida.

15. Filed 8/10 1917 D. D. Drummond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 20. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1912 to July 20. 1912 that I last saw h[illegible] alive on July 20 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

(Duration) — yrs. — mos. 6 ds.
Contributory (Secondary) Apoplexy & Uremia & Old Age
(Duration) 6 yrs. — mos. — ds.

(Signed) [redacted] Frank P. Veatch M. D.
7/20. 1912 (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: [illegible] Undertakers Rathdrum
DATE OF BURIAL: July 23 1912

20. UNDERTAKER: C E Bobo Est Sons
ADDRESS: Rathdrum Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

A PERMANENT RECORD. E should be stated EXACTLY. Ex... may be properly classified. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 904

File No. 2706

City of Boise (No. 1352 Grand Ave St.)

Registered No. 44

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Annie R. Gilmore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: ~~White~~ Blk

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 29 (Day) 1879 (Year)

7. AGE: 33 yrs. 1 mos. 1 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise, Idaho

10. NAME OF FATHER: Stephen Ruis

11. BIRTHPLACE OF FATHER (State or Country): Mexico

12. MAIDEN NAME OF MOTHER: Mary Crawford

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R W Gilmore
(Address) Boise

15.
Filed Aug 31 1912 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/20 1912, to 8/30 1912
that I last saw her alive on 8/30 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Grave Disease

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. 6 ds.

(Signed) Fred G. Tilling M. D.

8/31 1912 (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 1352 Grand Ave (Boise)

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/1 1912

20. UNDERTAKER: Schreiber & Siderfaden | ADDRESS: Boise

Dr. Pittinger

SYMS - YORK CO., PTRS. LEDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2707

County of Ada

City of Baise (No. 410, State St.)

Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Gassi

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	White	Single

6. DATE OF BIRTH: Aug (Month) 29th (Day) 1912 (Year)

7. AGE: ___ yrs. ___ mos. 1 ds. IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Boise, Idaho

10. NAME OF FATHER C. Gassi.

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Lilly E. Calkins

13. BIRTHPLACE OF MOTHER (State or Country) America, Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Gassi
(Address) Boise

15. Filed Aug 31 1912 Ray McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1912, to Aug. 30 1912 that I last saw h[illegible] alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Stillbirth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. R. Numbers M. D.

Aug 30 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.

Where was disease contracted if not at place of death? .....

Former or usual residence 201 Broadway (Boise)

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: 8/31 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

Dr. Numbers.

SYMS - YORK CO., PTRS. & PDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2705

County of Ada

City of Boise (No. ..., St. Lukes St.)

Registered No. 46

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Robinson Leary

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Male	White	Single

6. DATE OF BIRTH

Aug 23 (Month) (Day) 1912 (Year)

7. AGE

— yrs. — mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boise

10. NAME OF FATHER William Earle Leary

11. BIRTHPLACE OF FATHER (State or Country) Wisconsin

12. MAIDEN NAME OF MOTHER May Electa Wood

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W E Leary

(Address) 1510 Franklin

15.

Filed Aug 31 1912 Ray McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Aug. 31 1912

Aug (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1912 to Aug 31 1912, that I last saw h[illegible] alive on Aug 31 1912 and that death occurred on the date stated above, at 7a M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(Duration) ... yrs. ... mos. 7 ds.

Contributory (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm F Amick M. D.

19 ... (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.

Where was disease contracted if not at place of death? .....

Former or usual residence 1510 Franklin

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill	Aug 31 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2705

County of Ada

City of Boise (No. 818, State St.)

Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Adda McCaffry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: August (Month) 19th (Day) 1855 (Year)

7. AGE: 56 yrs. 11 mos. 26 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) None

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER N. D Cole

11. BIRTHPLACE OF FATHER (State or Country) American

12. MAIDEN NAME OF MOTHER Bailey

13. BIRTHPLACE OF MOTHER (State or Country) American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm D Cole
(Address) Portland Ore

15. Filed 8-16-12 191.. Geo M Cramer D Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 14 (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1. 1912, to Aug 14 191.., that I last saw h.. alive on .....191.., and that death occurred on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:

Brights disease

.....(Duration).....yrs.....mos.....ds.

Contributory (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) [redacted] M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: Aug 16 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2710

County of Ada

City of Boise (No. 110, East Bannock St.)

Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Nels Henry Larsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Feb (Month) 18 (Day) 1866 (Year)

7. AGE: 46 yrs. 4 mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Lars Andresen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Kerin Mary Thomsen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christian Larsen
(Address) RFD 4 Boise

15. Filed AUG 3 - 1912 191 Amy Fox Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1912, to Aug 8 1912
that I last saw him alive on Aug 7 1912
and that death occurred on the date stated above, at 5a M.

The CAUSE OF DEATH* was as follows:
Chronic nephritis

(Duration) 15 yrs. mos. ds.
Contributory (Secondary) Dilatation of Heart
(Duration) yrs. mos. ds.

(Signed) Dr. Carl Hill M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Aug. 9 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

6.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2711

County of Ada

City of Boise (No. 110, East Bannock St.)

Registered No. 324

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Geo. Lyman Batchelder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: November 1 (Month) (Day) (Year)

7. AGE: 27 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Geo. H. Batchelder

11. BIRTHPLACE OF FATHER (State or Country): N. York

12. MAIDEN NAME OF MOTHER: Emma C. Coleman

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Emma C. Batchelder
(Address): Boise

15. Filed - 1912, 191

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Aug 7 1912, that I last saw h[illegible] alive on Aug 7 1912 and that death occurred on the date stated above, at 2 30 M.

The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

(Duration) 2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred A. Tuttle M. D.

8/7 1912 (Address) Falk Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Aug 9 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1064
(No. 112, E. Bannock St.)

File No. 2712
Registered No. 37
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orville Payne Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Feb (Month) 14 (Day) 1902 (Year)

7. AGE: 10 yrs. 6 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise, Idaho.

10. NAME OF FATHER: O. P. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Josephine Sullivan

13. BIRTHPLACE OF MOTHER (State or Country): Fayetteville No. Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. P. Johnson
(Address) Boise

15.
Filed Aug. 26 1912 Ray McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/17 1912 to 8/18 1912 that I last saw him alive on 8/18 1912 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Appendicitis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Callaway M. D.
19 .... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) St Lukes Hospt
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence 712 N. 9th Boise

19. PLACE OF BURIAL OR REMOVAL: Hagerman Idaho | DATE OF BURIAL: 8/21 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

File No. 2713

City of Boise (No. 917, Pueblo St.)

Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Eby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Aug 18 1912
(Month) (Day) (Year)

7. AGE Breathed - yrs. Lived - mos. Died - ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boise

10. NAME OF FATHER T. M. Eby

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Charlotte Lindsey

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. M. Eby
(Address) Boise W. Pueblo

15.
Filed 8-19-12 191... Guy McCrum Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 8 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-18 1912, to 8-18 1912, that I last saw h[illegible] alive on 8-18 1912, and that death occurred on the date stated above, at 3 M.

The CAUSE OF DEATH* was as follows:
Unknown. Found Clot in Resumpines
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. Lincoln Alley M. D.
19... (Address) 301 McCarty Bld

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 8/19 1912

20. UNDERTAKER: Schreiber & Hidenfadens | ADDRESS: Boise

Allen

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2714
Registered No. 99

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1064
(No. 112, E. Bannock St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ira Shaffer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 9th (Day) 1912 (Year)

7. AGE: — yrs. — mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise. Idaho

10. NAME OF FATHER: J. H. Shaffer

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Ira Aikens.

13. BIRTHPLACE OF MOTHER (State or Country): Kans.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J H Shaffer
(Address) Boise. Idaho

15. Filed Aug. 23 1912 Amy McCornack Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9 1912, to Aug 22 1912, that I last saw h[illegible] alive on Aug 22 1912, and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Premature birth. (7 months.)
Was poorly developed. Consulted
md- Cause unascertained.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Uraemia in mother

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. P. McCall M. D.
19 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 431 So 16 St Boise Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: 8/23 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2715

Registered No. 29

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 412, State St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rudolph Stephan.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

..... (Month) 1 (Day) ..... (Year)

7. AGE

24 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Baker.

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Germany

10. NAME OF FATHER Louis Stephan

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Anna Stephan

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L Stephan

(Address) Boise Idah

15. AUG 3 - 1912

Filed AUG 3 - 1912 191 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Aug (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Aug 2 1912, that I last saw him alive on Aug 2 1912 and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A Tillery Co. D.

8/3 1912 (Address) Folk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 3 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence 708 N. McKinley St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 8/4 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Idah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 404
File No. 2716
Registered No. 28

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 410, State St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm DeMond.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 13 (Day) 1851 (Year)

7. AGE: 61 yrs. 2 mos. 18 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hessen Germany

10. NAME OF FATHER: Wm Demond

11. BIRTHPLACE OF FATHER (State or Country): Bottrop

12. MAIDEN NAME OF MOTHER: Mariana Smiuk

13. BIRTHPLACE OF MOTHER (State or Country): Bottrop

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) Hermine Demond

15. Filed AUG 3 - 1912 191 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1912 to Aug 1 1912, that I last saw h..... alive on ..... 191 , and that death occurred on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Stomach
following Operation for
Removal of Kidney
(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James L Stewart M. D.
19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 4 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence. Near Ustick Ada Co Ida

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery | DATE OF BURIAL: 8/3 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2
County of Ada, Primary Registration District No. 1664
City of Boise, (No. 2117, N 13 St.)
File No. 271
Registered No. 20
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alfred H Weatherby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: American White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married
6. DATE OF BIRTH: Aug. (Month) 16. (Day) 1847 (Year)
7. AGE: 65 yrs. 11 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Proprietor of
(b) General nature of industry business or establishment in which employed (or employer): Cemment Block Factory
9. BIRTHPLACE (State or Country): Ohio.
10. NAME OF FATHER: John Weatherby.
11. BIRTHPLACE OF FATHER (State or Country): New York
12. MAIDEN NAME OF MOTHER: Elisbeth Burns.
13. BIRTHPLACE OF MOTHER (State or Country): New York
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Isabel Buerkle
(Address) 2117 N 13th
15.
Filed Aug 6 1912 Amy McClung D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 3 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 30 1912, to Aug 4 1912 that I last saw h im alive on Aug 4 1912, and that death occurred on the date stated above, at 3 A M.
The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Hemorrhage
(Duration) # yrs. # mos. 7 ds.
(Signed) R. E. Glean, M. D.
8/6 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemet. DATE OF BURIAL: Aug 6, 1912
20. UNDERTAKER: Frye & Summers ADDRESS: Boise Idy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 271

County of Ada

City of Boise (No. 410, State St.)

Registered No. 42

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Benjamin C. Benson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 21 (Day) 1860 (Year)

7. AGE: 52 yrs. 3 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer At time of death
(b) General nature of industry business, or dstablishment in which employed (or employer): Deputy Game Warden

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: John W. Benson

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Lucinda Scott

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. J. Benson
(Address) Hailey Idaho.

15.
Filed Aug. 29 1912 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug (Month) 27th (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Aug 27 191-, that I last saw h alive on 191-, and that death occurred on the date stated above, at 9 3/4 P. M.

The CAUSE OF DEATH* was as follows:
Apoplexy - Man was dead when I first saw him.
Died instantly.
(Duration) yrs. mos. ds.
Contributory (Secondary) Arteriosclerosis -
(Duration) 2 yrs. mos. ds.

(Signed) W. S. Fullmer M. D.
Aug 29 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs....mos....days. In the State....yrs....mos....days.
Where was disease contracted if not at place of death?
Former or usual residence 1610 N. 11 St Boise

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery Ada County.
DATE OF BURIAL: 8/31 191 2

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 271

Registered No. 90

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. St. Alphonsus Hospt St.)

2. FULL NAME Curtis E. Meigs

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1856 (Year)

7. AGE: 56 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Ranch
(b) General nature of industry business, or dstablishment in which employed (or employer): Boone & Canyon Co Central Cook

9. BIRTHPLACE (State or Country): Fox Lake Wisconsin

10. NAME OF FATHER: Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable

12. MAIDEN NAME OF MOTHER: Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. M. Halverson
(Address) 210 Overland Bldg.

15.
Filed Aug. 28, 1912
Amy McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1911, to Aug 26 1912, that I last saw him alive on Aug 26 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis.

Chronic Poisoning

(Duration) yrs. mos. 11 ds.

Contributory (Secondary) Interstitial Nephritis

(Duration) 1 yrs. 6 mos. ds.

(Signed) H. M. Halverson M. D.

Aug 27 1912 (Address) 210 Overland Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 7 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? Central Cook Canyon Co Ida

Former or usual residence: Canyon Co. Idaho Ida

19. PLACE OF BURIAL OR REMOVAL: Fox Lake Wis

DATE OF BURIAL: 8/29 — 1912

20. UNDERTAKER: Schreiber & Sidenfaden

ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1064
(No. 1009, Washington St. St.)

File No. 2726
Registered No. 38
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Willard White

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
June 21, 1846
(Month) (Day) (Year)

7. AGE
66 yrs. 2 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Boston, Mass.

10. NAME OF FATHER James H Fyfe Hungate

11. BIRTHPLACE OF FATHER (State or Country) American.

12. MAIDEN NAME OF MOTHER Mary Folsom

13. BIRTHPLACE OF MOTHER (State or Country) American

14. THE ABOVE IS TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE
(Informant) Willard T. White
(Address) Boise, Idaho

15.
Filed Aug. 21 1912
Jay McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
August 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~
dead ~~Aug 1~~ to August 20 1912,
~~that I last saw h alive on~~ ~~1912~~
and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:
Mistaken Poisoning
taken by accidental
Mistake

~~(Duration)~~ ~~yrs~~ ~~mos~~ ~~ds~~.

Contributory
(Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber Coroner M. D.
19 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence. 1009 Washington Boise

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Portland, Oregon. Cremated
DATE OF BURIAL: 8/21 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & STRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 6
Primary Registration District No. 2027
File No. 2721
Registered No. 16

1. PLACE OF DEATH.
County of Boise
City of Van Wyck
(No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME August Strong.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Unknown
(Month) (Day) (Year)

7. AGE: 51 yrs. ... mos. ... ds.
IF LESS than 1 day how many ... *hrs. or* ... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Not Given
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not Given

10. NAME OF FATHER: Not Reported

11. BIRTHPLACE OF FATHER (State or Country): Not Reported

12. MAIDEN NAME OF MOTHER: Not Reported

13. BIRTHPLACE OF MOTHER (State or Country): Not Reported

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Titus Strong
(Address): Van Wyck

15.
Filed Sept 4 1912 — A. J. Boyd, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...,
that I last saw h... alive on ... 191...,
and that death occurred on the date stated above, at ... M.
The CAUSE OF DEATH* was as follows:

"Consumption"
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Physician unknown
(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
... 19... (Address) ...

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death? NOT REPORTED
Former or usual residence ...

19. PLACE OF BURIAL, REMOVAL: Not Given | DATE OF BURIAL ... 191...

20. UNDERTAKER: Not Given | ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2722

Registered No. 15

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 6

County of Boise

Primary Registration District No. 2026

City of Vicinity of Horse Shoe Bend (Porter Creek)

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob S Hawkes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: May (Month) 20 (Day) 1833 (Year)

7. AGE: 79 yrs. 0 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Samuel M Rand
(Address) Horse Shoe Bend

15.
Filed Sept 4 1912 A. G. Boyd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to May 7 1912
that I last saw him alive on May 6 1912
and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows: Old age. Attendance
Informant states that Dr. a Shippen told him deceased had "dropsy due to "Heart Disease"
(Duration) 2 yrs. 6 mos. ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Horse Shoe Bend

DATE OF BURIAL: May 29 1912

20. UNDERTAKER: C. D. Buchanan & Gilbert Talley Sweet

ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S: No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Boise

County of Boise

City of (Near McCall)

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6

Primary Registration District No. 2027

(No. ....., ... St.)

File No. 279

Registered No. 14

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alli Alima Takala

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: -

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: July (Month) 14 (Day) 1909 (Year)

7. AGE: 3 yrs. 1 mos. 9 ds.

IF LESS than 1 day how many .....*hrs. or* .....*mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mc Call, Idaho

10. NAME OF FATHER: Henry Takala

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Anna Alina

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Henry Takala
(Address): Mc Call, Ida.

15. Filed Sept 4 1912 A. G. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Drowned in Boulder Creek. No physician reported as being in attendance.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Finnish Cemetery, Mc Call

DATE OF BURIAL: 6/'12 191...

20. UNDERTAKER: Not Given.

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of
(No. Tie Flat Hospital, Valley Co.)

Registration District No. 6
Primary Registration District No. 2026

File No. 2725
Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louis Isaman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE: 45 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Powder Man
(b) General nature of industry business or establishment in which employed (or employer): Railroad construction

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Given by himself.
(Address)

15.
Filed Sept 4 1912 A. E. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
March 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18 1912, to March 19 1912
that I last saw h in alive on March 19 1912
and that death occurred on the date stated above, at 5:55 P.M.

The CAUSE OF DEATH* was as follows:
Compound Fracture Skull
Blasting
accidental
(Duration) yrs. mos. 13 hours
Contributory (Secondary) Lacerations & Hemorrhage of Brain (Duration) yrs. mos. ds.

(Signed) Francis A. Gould M. D.
March 25 1912 (Address) c/o Idaho Construction Co Tie Flat Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 13 hrs
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Tie Flat, North Fork, Payette River, Idaho
DATE OF BURIAL: Mar. 19 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2008
File No. 2726
Registered No. 40

1. PLACE OF DEATH.
County of Canyon
City of Payette (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Samuel L Creger

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 20 (Day) 1888 (Year)

7. AGE: 23 yrs. 8 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: P. A. Creger

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Emma Shuker

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Shuker
(Address) Payette

15. Filed Sept 2 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1912, to September 1 1912, that I last saw him alive on Aug 31 1912 and that death occurred on the date stated above, at 1 30 M.

The CAUSE OF DEATH* was as follows:
Injury to the brain due to a fall upon the head
(Duration) — yrs. — mos. — ds.
Contributory (Secondary)
— (Duration) — yrs. — mos. — ds.

(Signed) J. C. Woodward M. D.
Sept 2 1912 (Address) Payette Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Idaho
DATE OF BURIAL: Sept 2 1912

20. UNDERTAKER: L. N. Adair
ADDRESS: Payette Ida

SYMS - YORK CO., PRTS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2727
Registered No. 76

1. PLACE OF DEATH.
County of Bonneville
City of Paplor.
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2032

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Leo Morgan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: Oct. 10 1911 (Month) (Day) (Year)

7. AGE: ..... yrs. 10 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: .....
(b) General nature of industry business or establishment in which employed (or employer): Baby.

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Thomas Morgan

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Josephine Fogg

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos. Morgan.
(Address) Paplor - Idaho. Route R.F.D.

15.
Filed Sept 7 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. 6 — 191[illegible]
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 191[illegible], to Sept. 6 191[illegible]
that I last saw him alive on Sept 4 191[illegible]
and that death occurred on the date stated above, at 3a. M.
The CAUSE OF DEATH* was as follows:

Cholera Infantum.

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.
Contributory (Secondary) Acute Indegration
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ray H. Fisher M. D.
Sept 6 191[illegible] (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shelton
DATE OF BURIAL: Sept 7 191[illegible]

20. UNDERTAKER: M. T. Peck and Sons.
ADDRESS: Rigby Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

County of Bonneville

Primary Registration District No. 2027

City of Iona

(No. ....., ... St.)

File No. 2728

Registered No. 71

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Barbara Robinson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH: July (Month) 30 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Salt Lake City, Utah

10. NAME OF FATHER Eben J. Robinson

11. BIRTHPLACE OF FATHER (State or Country) Davis Co. Utah

12. MAIDEN NAME OF MOTHER Hannah Stanger

13. BIRTHPLACE OF MOTHER (State or Country) Weber Co. Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eben J. Robinson
(Address) Iona, Ida.

15. Filed Sept 7 1912 W. S. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1912, to Aug 31, 1912
that I last saw h[illegible] alive on Aug 31, 1912,
and that death occurred on the date stated above, at 11 a. M.
The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ~~10~~ ds.

(Signed) John O Mellor M. D.

19.... (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona Idaho. DATE OF BURIAL: Aug 31 1912

20. UNDERTAKER: G H Hunt ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO. PTRS. & SDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2726
Registered No. 27

1. PLACE OF DEATH.
County of Bonneville
~~City of~~ RD3 - Ida Falls

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Martin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 2 (Day) 1827 (Year)

7. AGE: 85 yrs. 1 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) Farm Hand

9. BIRTHPLACE (State or Country) Austria

10. NAME OF FATHER Simon Martin

11. BIRTHPLACE OF FATHER (State or Country) Austria

12. MAIDEN NAME OF MOTHER Dora

13. BIRTHPLACE OF MOTHER (State or Country) Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Simon Martin
(Address) RD 3 Ida Falls

15. Filed Sept 4 1912 — Geo. Cunningham — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 3d (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia
Had no medical attendance.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Geo. Cunningham M. D.
9/4 1912 (Address) Ida Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls
DATE OF BURIAL: Sept 5 1912

20. UNDERTAKER: C E Dinwoody
ADDRESS: Ida Falls

BYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ....., ... St.)
File No. 2736
Registered No. 73
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eliz J. Blair

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: March 20 1830 (Month) (Day) (Year)

7. AGE: 87 yrs. 6 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: James Fife

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Margaret Mathewson

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Elizabeth
(Address) Idaho Falls Idaho

15.
Filed 8/27 1917 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 26 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1917, to Aug 26 1917, that I last saw h[illegible] alive on Aug 24 1917, and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Pneumonitis
.....
.....
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Senility
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [signature] M. D.
Aug 27 1917 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewisville Fremont Co. DATE OF BURIAL: 8/27 1917

20. UNDERTAKER: C E Dinwoodey ADDRESS: Ida Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2731
Registered No. 72

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME T. Meguro.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Japanese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: × (Month) × (Day) 1887 (Year)

7. AGE: 25 yrs. × mos. × ds. IF LESS than 1 day how many × hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Japan

10. NAME OF FATHER: S. Kamo.

11. BIRTHPLACE OF FATHER (State or Country): Japan

12. MAIDEN NAME OF MOTHER: K. Kamo.

13. BIRTHPLACE OF MOTHER (State or Country): Japan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) K. Meguro.
(Address) Lorenzo, Ida Phone

15. Filed Aug 13 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9 1912, to Aug 10 1912, that I last saw h[er] alive on Aug 10 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis following
Long appendicial Abcess.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Sick 6 days before death and abcess opened.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H. Finke M. D.
Aug 13 1912 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Annis - Rigby — DATE OF BURIAL: 8/13 1912

20. UNDERTAKER: C. E. Dinwoodey — ADDRESS: Ida. Falls

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. /

Primary Registration District No. 2004

File No. 2733

County of Ada

City of Boise (No. 2nd and Euclid ave St.)

Registered No. 145

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ezra N. Loy.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Dec (Month) 3rd (Day) 1830 (Year)

7. AGE: 81 yrs. 9 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maryland

10. NAME OF FATHER: Geo. F. Loy

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Louisa Shattuck

13. BIRTHPLACE OF MOTHER (State or Country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Woodworth
(Address) So Boise

15.
Filed Aug. 22 1912
C. L. Jay O'Connell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 21st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1912 to Aug 20 1912 that I last saw h[im] alive on Aug 20 1912, and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Impacted fracture of femur -

(Duration) yrs. mos. 14 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. T. Kelley M. D.
Aug 21 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence So Boise, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cem — DATE OF BURIAL: 8/22 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Sept. 2, 1912 Dr. W. E. Hamilton

Ex Miller

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Star
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2005
(No. ..... St.)

File No. 2731
Registered No. 58.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Madelian McCown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): W

6. DATE OF BIRTH: June (Month) 6 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 8 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry business, or establishment in which employed (or employer): ✓

9. BIRTHPLACE (State or Country): Star Idaho

10. NAME OF FATHER: Hugh McCown

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Do not know

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. V. Peckham
(Address) .....

15. Filed June 16 1912 R. C. Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1912, to June 15 1912 that I last saw him alive on June 15 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Sclerosis Mesenteritis

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Mullen M. D.
June 16 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL June 16 1912

20. UNDERTAKER: W. E. Platt ADDRESS Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2735

Registered No. 342

1. PLACE OF DEATH.
County of Ada
City of —
(No. —, —St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004

2. FULL NAME. Mrs Lusha Jane

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July 10 1833 (Month) (Day) (Year)
7. AGE: 79 yrs. 1 mos. 10 ds. IF LESS than 1 day how many ____ hrs. or ____ min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Indiana
10. NAME OF FATHER: Taylor Pigeon
11. BIRTHPLACE OF FATHER (State or Country): South Carolina
12. MAIDEN NAME OF MOTHER: Nellie Redfield
13. BIRTHPLACE OF MOTHER (State or Country): South Carolina
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Frank Cronin
(Address) Boise
15.

Filed 8-10-12 191
8-12-1912 C. A. McCord Local Registrar
G. E. Sheehan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) 10 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 8 1912, to Aug 9 1912 that I last saw her alive on Aug 8 1912, and that death occurred on the date stated above, at 8 a. M.
The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory (Secondary)
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Fred A Tuttle M. D.
8/9 1912 (Address) Fair Field

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetary
DATE OF BURIAL: Aug 14 1912
20. UNDERTAKER: Guy E Simmons
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1
Primary Registration District No. 2002
File No. 2736
Registered No. 43

1. PLACE OF DEATH.
County of Ada
City of Meridian Eagle
(No. Meridian Eagle St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unknown Man
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Not obtainable

6. DATE OF BIRTH Not obtainable
(Month) (Day) (Year)

7. AGE Not obtainable yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work Not obtainable
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) " "

10. NAME OF FATHER " "

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C Schreiber
(Address) Boise Ida

15.
Filed Aug - 14 1912 Local Registrar
Aug 96, 1912 E. E. McConnell
E. E. Shawhan

SYMS - YORK CO. PRTS. & BDRS. 19760

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH About April or May 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ~~19~~ to found dead on ~~19~~ Boise River near Eagle Aug 13-12, that I last saw h~~e~~ alive on ~~19~~, and that ~~death occurred on the date stated above, at~~ ~~M~~.

The CAUSE OF DEATH* was ~~as follows:~~
Drowning
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M.D.
19 (Address) Boise Corner Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
Morris Hill Cemetery Schreiber & Sidenfaden 8/14 191

20. UNDERTAKER | ADDRESS
Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2904

City of west Cole School (No. west Cole School St.)

File No. 2737

Registered No. 44

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Known

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): unknown

6. DATE OF BIRTH: not obtainable 1
(Month) (Day) (Year)

7. AGE: about 30 to 35 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: not obtainable
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): not obtainable

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Schreiber
(Address) Boise

15.
Filed 8-17-12 191
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ dead ~~101 to~~ aug. 13 1912
~~that I last saw h~~ alive on ~~191~~
and that death occurred on the date stated above, at 8 30 M.

The CAUSE OF DEATH* was as follows:
Cocain Poisoning according to verdict of Coroners Inquest
(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M. D.
19 (Address) Ada Co Coroner Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetary — DATE OF BURIAL: Aug 17 1912

20. UNDERTAKER: Ada Co Plat — ADDRESS: Boise

SYMS-YORK CO., PTRS. & BDRS. 19760

Aug. 18, 1912 D. E. S. Pual M. C. Connel Dpty

[redacted] M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. Soldiers Home St.)

File No. 2738
Registered No. 46
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Amasa Smith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White Race.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: X (Month) X (Day) 1 X (Year)

7. AGE: 77 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Veteran
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): (American born)

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home

15. Filed Aug 27 1912 E. E. Shawhan Local Registrar

Sept. 2, 1912, E. E. Shawhan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Aug 27 1912, that I last saw h[illegible] alive on Aug 25th 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Nephritis / Interstitial

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred. A. Tyler M. D.

8/27 1912 (Address) Talk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery — DATE OF BURIAL: Aug 28 1912

20. UNDERTAKER: Fry + Summers — ADDRESS: 15th Jeff Boise Ida

SYMS-YORK CO.) PRINTERS & RULERS. BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of Boise

(No. So. Boise St.)

File No. 2739

Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Georgie Hays.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 4 (Day) 1887 (Year)

7. AGE: 25 yrs. 1 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Livestock
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nebraska

10. NAME OF FATHER: B. S. Hays

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Engia Narby

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. S. Hays

(Address) So. Boise, Ida.

15.

Filed Aug 31 1912 H. E. Shawhan Local Registrar

Sept. 3, 1912 H. E. Shawhan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8/10 1912, to 8/31 1912, that I last saw h.. alive on 8/25 1912, and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A. Tillmath M. D.

8/31 1912 (Address) Idaho Blk

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: So. Boise, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Ada County Plot | DATE OF BURIAL: 9/1 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

E. M. Connell

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2003
City of ..... (No. ....., ... St.)

File No. 2711
Registered No. 48

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Nancy Routh

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem-
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 23 (Day) 1879 (Year)

7. AGE: 33 yrs. 7 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: Leonard De Coursey

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Helen Price

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. M. McCoursey
(Address) Nampa Ida.

15. Filed Aug. 23 1912 P. L. Dutton Local Registrar

Sept. 4, 1912 A. E. Shawhan

SYMS-YORK CO., PRINTERS AND BINDERS, BOISE 18672

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 22 1912
July (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to '22 1912 that I last saw alive on 21 July 1912, and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:
Consumption

(Duration) 5 yrs. — mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward L Payne M. D.
July 23 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Dunkard Cemetery
DATE OF BURIAL: July 24 1912

20. UNDERTAKER: None
ADDRESS

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2712

Registered No. 64

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
(No. Wallace Hospital St.)

Registration District No. 28
Primary Registration District No. 1011

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Nelson.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W.	Single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
55 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Engineer.
(b) General nature of industry business or establishment in which employed (or employer) ..... Mine

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr J. E. St Jean
(Address) Wallace

15.
Filed Aug 24, 1912
H. Leo Dunphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug. 22, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1912, to Aug 22 1912
that I last saw him alive on Aug 21 1912
and that death occurred on the date stated above, at 3a M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
of

..... (Duration) — yrs. — mos. — ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. A. Dewitt M. D.
Aug 22 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Aug 24 1912

20. UNDERTAKER: B. G. Mantell
ADDRESS: Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

28

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No.
Primary Registration District No. 1011
(No. , St.)

File No. 2713
Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lunetti M. C. Thornhill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 3 (Month) 26 (Day) 1876 (Year)

7. AGE: 36 yrs. 4 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: William Worstell

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Ella M. Hotchens

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bruce G Worstell
(Address) Wallace Ida

15.
Filed Aug 15, 1912
C. S. Stone Dep
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Aug 13 1912, that I last saw h[illegible] alive on Aug 13 1912, and that death occurred on the date stated above, at 9:30 M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Myocarditis Mitral Regurgitation
(Duration) 10 yrs. 0 mos. ..... ds.

(Signed) Chas. L. Howard M. D.
Aug 15 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Aug 15th 1912

20. UNDERTAKER: Bruce G Worstell
ADDRESS: Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH.
of Shoshone
Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hosp. St.)

File No. 2414
Registered No. 62

If death occurs away from usual place, give facts called for by special information.

2. FULL NAME Arthur Rousseau.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widower.

OF BIRTH
..... 1
(Month) (Day) (Year)

52 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

PATION
, profession or kind of work: Miner.

(b) General nature of industry business or establishment in which employed (or employer): Success Mine

9. BIRTHPLACE (State or Country): Quebec. P.Q.

10. NAME OF FATHER: Louis Rousseau.

11. BIRTHPLACE OF FATHER (State or Country): Quebec.

12. MAIDEN NAME OF MOTHER: Lucy Heard.

13. BIRTHPLACE OF MOTHER (State or Country): Quebec.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. J. E. St. Jean
(Address) Wallace

15.
Filed Aug. 13, 1912 C. S. Stowell Dep't
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 6, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1912, to Aug 6 1912
that I last saw him alive on Aug 6. 1912
and that death occurred on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:
Broken back & internal injuries.

(Duration) 0 yrs. 1 day mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. St. Jean M. D.
Aug. 13 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the Wallace Hosp. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Injured at the Success Mine
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St John N. D.
DATE OF BURIAL: Aug 12 1912

20. UNDERTAKER: H. T. Ward
ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO. PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2715
Registered No. 61

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Prichard Landing (No. Prichard Landing St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. C. Prentice

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) (Year)

7. AGE: 29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Ben Prentice.

11. BIRTHPLACE OF FATHER (State or Country): Not Known.

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. M. Huggan
(Address)

15. Filed July 6, 1912 C. S. Stone Dpty
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 2nd 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows: Caught by a falling tree while working in timber.
(Duration) ... yrs. ... mos. hrs. ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) Chas R. Mowry M.D.
Aug 5 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sault Ste Marie Ontario Canada
DATE OF BURIAL: Aug 7th 1912

20. UNDERTAKER: A. P. Ward.
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. McCaw Hospital St.)
File No. 2716
Registered No. 10

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Hickman.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 30 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer): Hecla Mine.

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: Steve Hickman.

11. BIRTHPLACE OF FATHER (State or Country): Texas.

12. MAIDEN NAME OF MOTHER: Florence Hale.

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Frye, Supt. Wallace Hosp.
(Address) Wallace, Idaho.

15.
Filed Aug 3 1912 C. V. Stone Dept
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1912, to July 27 1912, that I last saw h[illegible] alive on July 27 1912 and that death occurred on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:
General Peritonitis

(Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) Appendicitis
(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) F. G. Jean M. D.
Aug 3 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace In the Wallace Hospital
of death .....yrs .....mos .....ds. State .....yrs .....mos .....ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: Aug 4 1912

20. UNDERTAKER: H. P. Ward.
ADDRESS: Wallace Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2717

Registered No. 66

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Oneida
City of Emerford
Registration District No. 18
Primary Registration District No. 2069
(No. ..... St.)

2. FULL NAME Carlett Benson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Nephi Benson

11. BIRTHPLACE OF FATHER (State or Country): Denmark Utah

12. MAIDEN NAME OF MOTHER: Minnie Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nephi Benson
(Address) Emerford Idaho

15.
Filed Aug 10 1912 D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Aug 8 1912
that I last saw h[illegible] alive on aug 8 1912
and that death occurred on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Ulcers colitis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jamaica Ida
DATE OF BURIAL: Aug 11 1912

20. UNDERTAKER: D E Johnson
ADDRESS: Malad

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 16
Primary Registration District No. 2069
File No. 2767
Registered No.

1. PLACE OF DEATH.
County of Ada
City of Malad (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leo Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: July (Month) 21 (Day) 1912 (Year)
7. AGE: yrs. mos. 8 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....
9. BIRTHPLACE (State or Country): Malad City Idaho
10. NAME OF FATHER: David Nelson
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Catherine Pierce
13. BIRTHPLACE OF MOTHER (State or Country): Idaho
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Nelson
(Address) Malad Idaho
15. Filed Aug 10 1917 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 8 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1917 to Aug 7 1917
that I last saw h alive on Aug 7 1917
and that death occurred on the date stated above, at 2a M.
The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 2 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) D C Ray M. D.
8-9 1917 (Address) Malad Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: St John — DATE OF BURIAL: 8-9 1917
20. UNDERTAKER: Lloyd C Jones — ADDRESS: Malad

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2710
Registered No. 68

1. PLACE OF DEATH.
County of Oneida
City of Malad

Registration District No.
Primary Registration District No. 2069
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary M Roberts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: May (Month) 10 (Day) 1834 (Year)

7. AGE: 78 yrs. 2 mos. 2[illegible] ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Wales

10. NAME OF FATHER: Thomas Morgan

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Margaret Jones

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David M Roberts
(Address) Malad City Idaho

15. Filed Aug 3 1912 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to Aug 1912, that I last saw her alive on Aug 2 1912 and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Senility.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D C Ray M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad city
DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: E E Johnson
ADDRESS: Malad City

IDAHO-YORK CO., PRINTERS & BINDERS, BOISE 17143

See instructions on back of certificate.
of OCCUPATION is very important.
ment

Form V. S. No. 5. 12½M.7-[redacted]

CERTIFICATE OF DEATH

[redacted]18

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Oneida Registration District No.
City of Franklin (No. , St.) Primary Registration District No. 2

File No. 2750
Registered No. 69

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hester Elvira Nash

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: August (Month) 16 (Day) 1912 (Year)

7. AGE: 86 yrs. 3 mos. 6 ds.
IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Prince Edwards Island Canada

10. NAME OF FATHER: John Pool

11. BIRTHPLACE OF FATHER (State or Country): Dont know either Canada or England

12. MAIDEN NAME OF MOTHER: Mary Mackindoff

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Martha Nash
(Address) Franklin Idaho

15. Filed Aug 19 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1912, to Aug 16 1912
that I last saw her alive on August 16 1912
and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
General debelety

(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) G. W. States M. D.
Aug 17 1912 (Address) Franklin Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Franklin Idaho
DATE OF BURIAL: Aug 18 1912

20. UNDERTAKER: R. G. Lowe
ADDRESS: Franklin Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF VITAL STATISTICS
Bureau of Vital Statistics

File No. 2751

Registered No. 38

1. PLACE OF DEATH.

Registration District No. 2016

County of Fremont

Primary Registration District No.

City of Shoshone (No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME [redacted] Farnan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write): widower

6. DATE OF BIRTH: August 15 1912 (Month) (Day)

7. AGE: 73 yrs. 4 mos. ds. IF LESS how many min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): France

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): France

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): France

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. F. Bernard

(Address) Shoshone

15. Filed 8/20 1912 Chas. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 8 (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1912, to Aug 18 1912 that I last saw h[illegible] alive on Aug 10 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Endarteritis due to Senility. Paralysis.

(Duration) yrs. 2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. F. Zeller M. D.

Aug 19 1912 (Address) Shoshone, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshone Idaho

DATE OF BURIAL: Aug 19 1912

20. UNDERTAKER: O. J. Farnan

ADDRESS: Shoshone

MARGIN FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Lincoln Primary Registration District No. 2013
City of Hagerman (No. ....., ... St.)
File No. 2752
Registered No. 197
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Margaret Bradbook
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: March 30 (Month) (Day) 1838 (Year)
7. AGE: 74 yrs. 5 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): North Carolina
10. NAME OF FATHER: Jesse Black
11. BIRTHPLACE OF FATHER (State or Country): U.S.
12. MAIDEN NAME OF MOTHER: Elizabeth —
13. BIRTHPLACE OF MOTHER (State or Country): U.S.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): No Informant
(Address): Thos Dresson Buhl Idaho
15.
Filed Aug 19 1912 W H Marshall Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug 9 (Month) 19 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1912, to Aug 19 1912, that I last saw h[illegible] alive on Aug 19 1912, and that death occurred on the date stated above, at 8[illegible]
The CAUSE OF DEATH* was as follows:
acute obstruction of bowels and general debility from cancer of colon.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W H Marshall M. D.
Aug 19 1912 (Address) Hagerman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Filer Idaho
DATE OF BURIAL: Aug 20 1912
20. UNDERTAKER: none
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WEBB-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2755
Registered No. 32

1. PLACE OF DEATH. Registration District No. 32
County of Lewis Primary Registration District No. 112
City of Kamiah (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Clarke Hensley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed
6. DATE OF BIRTH: 11 (Month) 22 (Day) 1822 (Year)
7. AGE: 89 yrs. 9 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Kentucky
10. NAME OF FATHER: Berryman Hensley
11. BIRTHPLACE OF FATHER (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Elizabeth Clarke
13. BIRTHPLACE OF MOTHER (State or Country): Don't know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Emma Rose
(Address) Kamiah, Idaho
15.
Filed ..... 191 .....
E Taylor M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 8 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 17 1912, to Aug 8 1912
that I last saw him alive on Aug 4 1912
and that death occurred on the date stated above, at 1 P M.
The CAUSE OF DEATH* was as follows:
Senile Debility
..... (Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E Taylor M. D.
Aug 9 1912 (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F Cemetery, Kamiah DATE OF BURIAL: Aug 9th 1912
20. UNDERTAKER: C F Johnson ADDRESS: Kamiah Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 32 2754
County of Lewis Primary Registration District No. 2128
City of Kamiah (No. ....., ... St.)
File No. 12754
Registered No. 11 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Austin Parsons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Indian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: December (Month) 29 (Day) 1909 (Year)

7. AGE: 2 yrs. 11 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer): X

9. BIRTHPLACE (State or Country): Kamiah Idaho

10. NAME OF FATHER: J. M. Parsons

11. BIRTHPLACE OF FATHER (State or Country): Kamiah Idaho

12. MAIDEN NAME OF MOTHER: Rebecca Blackeagle

13. BIRTHPLACE OF MOTHER (State or Country): Kamiah Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Parsons
(Address) Kamiah, Idaho

15.
Filed July 15 1912
Taylor M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th. 1912, to July 11th. 1912
that I last saw him alive on " 1912
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Gastro-Enteritis

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Willes F. McMahan M. D.
July 11 1912 (Address) Kamiah, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Indian Grave No 2 DATE OF BURIAL: July 12 1912

20. UNDERTAKER: C. J. Johnson ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 9755

Registered No. 57

1. PLACE OF DEATH.

County of Lewis

City of Vollmer Ida

Registration District No. 32

Primary Registration District No. 2127

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hazel Magdalene Bowman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: June (Month) 15 (Day) 1908 (Year)

7. AGE: 4 yrs. 2 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country): Idaho Nash Co

10. NAME OF FATHER: J F Bowman

11. BIRTHPLACE OF FATHER (State or Country): Oregon Clackamas Co

12. MAIDEN NAME OF MOTHER: Sarah Calbretth

13. BIRTHPLACE OF MOTHER (State or Country): Moscow Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J F Bowman
(Address) Vollmer Ida

15.
Filed Aug 27 1912 Edna B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1912, to Aug 17 1912
that I last saw her alive on 8 12 1912
and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:
Infantile Paralysis.

..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) Whooping Cough.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E L Byers M. D.
19..... (Address) Vollmer Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Elo Idaho Cemetry — DATE OF BURIAL: Aug 18 1912

20. UNDERTAKER: L D Leonard — ADDRESS: Vollmer Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2751

Registered No. 27

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 22

County of Elmore Primary Registration District No. 2220

City of Mountainhome (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Genevieve M Horn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: April 1 (Month) 1909 (Day) (Year)

7. AGE: 3 yrs. 4 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lincoln Neb

10. NAME OF FATHER: Lewis M Horn

11. BIRTHPLACE OF FATHER (State or Country): Sutan Neb

12. MAIDEN NAME OF MOTHER: Violet B Roberts

13. BIRTHPLACE OF MOTHER (State or Country): Pratt Kan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lewis M. Horn.
(Address) Mt. Home.

15. Filed Aug 10 1912 W L Teague Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1912, to Aug 8 1912 that I last saw her alive on Aug 7 1912, and that death occurred on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:
Accidental Scalding by falling in to a Boiler of Water
A. I. Patterson
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) .....
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) ..... M. D.
19 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lostine Neb. DATE OF BURIAL: 191

20. UNDERTAKER: J M Lowe ADDRESS: Mtn Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Edmond Primary Registration District No. 2020
City of near Junction Bar (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 2758
Registered No. 26
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME McNamara

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 35 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer): French Bros.

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Eaton, Coroner
(Address) Mtn Home

15. Filed 8/6 1912 W. L. Pringle Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug 3rd (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Accidental Gun Shot.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. H. Eaton, Coroner M. D.
8/6 1912 (Address) Mtn Home Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Home — DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: J. M. Dorman — ADDRESS: Mt Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

LYNDS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2[illegible]

Registered No. 25

1. PLACE OF DEATH.
County of Elmore
City of Mountainhome (No. ....., ... St.)

Registration District No. 20
Primary Registration District No. 2020

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eloisa Cachurra

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Spanish

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct (Month) 19 (Day) 1911 (Year)

7. AGE: ___ yrs. 10 mos. ___ ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Mountainhome

10. NAME OF FATHER: Pedro Cachurra

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Dont Kum

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Almeda White
(Address) Mountain Home Ida.

15. Filed Aug 19 191[illegible] W. L. Fagin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 17th 1912, to Aug. 19th 1912 that I last saw her alive on Aug. 19th 1912, and that death occurred on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:
Ileo. colitis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. W. Walker M. D.
Aug. 19th 1912 (Address) Mountain Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountainhome Ida. DATE OF BURIAL: Aug 20 1912

20. UNDERTAKER: J. M. Conway ADDRESS: Mountainhome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmora
City of Mountain Home (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 25
Primary Registration District No. 2525

File No. 2710
Registered No. 24
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Bertha F. White

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 23 (Day) 1897 (Year)

7. AGE: 14 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Killer Mont

10. NAME OF FATHER: H S White

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Louisa F Engal

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert W White
(Address) Mountain Home Ida

15.
Filed Sept 3 1912 W L Teague Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. 22nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1912, to — 191
that I last saw her alive on Aug 18 1912,
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Suicide — gun shot in the head

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)
— (Duration) — yrs. — mos. — ds.

(Signed) A. H. Eaton M. D.
Aug 22 1912 (Address) (Coroner) Mt H.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountain Home Ida — DATE OF BURIAL: Aug 23 1912

20. UNDERTAKER: J H Cowan — ADDRESS: Mountain Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2761

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Elmore
City of Glens Ferry
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2021
(No. , St.)

2. FULL NAME Ruth V Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January — (Month) (Day) 1846 (Year)

7. AGE: 71 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York State

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dell Warner
(Address) Glenns Ferry Idaho

15.
Filed Sept. 1st 1912 J. W. Davis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug. (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Aug 30th 1912, that I last saw her alive on Aug 30th 1912, and that death occurred on the date stated above, at 7-30 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) yrs. mos. 4 ds.
Contributory (Secondary) Planing

(Duration) yrs. mos. 4 ds.

(Signed) J. W. Davis M. D.
Aug 31st 1912 (Address) Glenns Ferry Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Glenns Ferry Idaho — DATE OF BURIAL: Sept 1 1912

20. UNDERTAKER: J. McCowan — ADDRESS: Glenns Ferry

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH.

County of Custer.

City of Challis.

Registration District No. 14

Primary Registration District No. 2061

(No. ....., ... St.)

File No. 2763

Registered No. 21

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Kirk.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M.	Wh.	Married.

6. DATE OF BIRTH: Sept. 23rd. (Month) (Day) 1848 (Year)

7. AGE: 63 yrs. 10 mos. 23 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Michael Kirk.

11. BIRTHPLACE OF FATHER (State or Country): Ireland,

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Kirk (his wife)
(Address) Challis, Idaho.

15.
Filed Sept. 1st 1912 C. L. Kirk Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 30th. 1912. (Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27th. 1912, to Aug. 30th. 191
that I last saw him alive on Aug. 29 191 2
and that death occurred on the date stated above, at 11A M.

The CAUSE OF DEATH* was as follows:

Chronic Gout.

..... (Duration) 20 yrs. ..... mos. ..... ds.

Contributory (Secondary) Retrocedent gout.

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) C. L. Kirk M. D.

Aug. 31st 19 2 (Address) Challis Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Challis, Ida.	Sept. 1st 191 2
20. UNDERTAKER	**ADDRESS**
Jos E Eberle	Challis, Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 14
County of Custer Primary Registration District No. 2061
City of Challis (No. ....., ... St.)
File No. 2764
Registered No. 20

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Cassady

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6. DATE OF BIRTH: 1838 (Month) Jan. 1st. (Day) (Year)

7. AGE: 74 yrs. 8 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Jack & Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country): Do not Know

12. MAIDEN NAME OF MOTHER: do not know

13. BIRTHPLACE OF MOTHER (State or Country): do not know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roger Brassem
(Address) Challis, Ida.

15. Filed Aug. 13th. 1912 C. L. Kistler Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 12th. (Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st. 1912, to July 12th. 191 that I last saw him alive on Aug. 7th. 191 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Gastrotrophia from

(Duration) 20 yrs. ..... mos. ..... ds.

Contributory (Secondary) Dilated Heart

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) C. L. Kistler M. D.

Aug. 13th 1912 (Address) Challis, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Challis Ida. DATE OF BURIAL: 8/13 191

20. UNDERTAKER: J. M. Ebberts ADDRESS: Challis.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Custer
City of Mackay (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2064

File No. 2785
Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Ovid Haney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wh.	Married.

6. DATE OF BIRTH: October (Month) 8 (Day) 1875 (Year)

7. AGE: 36 yrs. 8 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana.

10. NAME OF FATHER: James Haney

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Mary Ellen Parish

13. BIRTHPLACE OF MOTHER (State or Country): Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. P. Richards -
(Address) Mackay, Idaho

15. Filed Sept 3rd 1912 — C. E. Hartley, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1912, to July 3d 1912, that I last saw h[illegible] alive on July 3d 1912 and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.

(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Illness; Surgical Above -
(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) L. P. Richards - . M. D.
8/29 1912 (Address) Mackay, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moore, Idaho — DATE OF BURIAL: 7/6 1912

20. UNDERTAKER: Friends — ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Soldin
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

File No. 2757
Registered No. 48

If death occurred in a hospital, institution or camp give its NAME, instead of street and number.

2. FULL NAME William Edward Kworth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 19 (Day) 1877 (Year)

7. AGE: 34 yrs. 9 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Lange C Kworth

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Mary Schwaller

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): L W Johnson
(Address): Soldin Ida

15. Filed 8/30 1912 — Robert H Wright, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1912, to Aug 28 1912 that I last saw h[illegible] alive on 28 1912, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis, Pneumonia
Operated Aug 20 - 1912

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Aug 28 1912 (Address) Soldin Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Carrol Ida — DATE OF BURIAL: 8-29 1912

20. UNDERTAKER: Chas Babbington — ADDRESS: Carrol

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2759
Registered No. 66

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. Terrell Bldg. N. Main St.)

2. FULL NAME R. R. Gould.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Divorced

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE About 40 Yrs. ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Theatrical
(b) General nature of industry business or establishment in which employed (or employer) Hypnotist

9. BIRTHPLACE (State or Country) ✓

10. NAME OF FATHER ✓

11. BIRTHPLACE OF FATHER (State or Country) ✓

12. MAIDEN NAME OF MOTHER Nancy Johnson

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Has in possession of deceased.
(Address) .....

15. Filed Aug 2 1917 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH August 1st 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1917, to Aug 1st 1917, that I last saw him alive on Aug 1st 1917 and that death occurred on the date stated above, at 9. P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis.

..... (Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Broken Compensation
..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. Casper Wood M. D.
Aug 1st 1917 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Mountain View Cemetery DATE OF BURIAL Aug 5 1917

20. UNDERTAKER W. R. Walker ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2110
Registered No. 67

1. PLACE OF DEATH
County of Bannock
City of Pocatello
(No. Gen. Hospital St.)
Registration District No. 19
Primary Registration District No. 1002
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Adelbert Harriet Coffin
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: December (Month) 16 (Day) 1908 (Year)
7. AGE: 3 yrs. 7 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Pocatello Idaho.
10. NAME OF FATHER: Geo. N. Coffin
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Ada Myra Ash.
13. BIRTHPLACE OF MOTHER (State or Country): Pocatello Ida.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. N. Coffin
(Address) Pocatello Ida.
15. Filed Aug 6 191? Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 5th (Day) 191? (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191?, to Aug 5th 191? that I last saw her alive on Aug 5th 191? and that death occurred on the date stated above, at 6 a M.
The CAUSE OF DEATH was as follows*
Cerebro-spinal meningitis.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Accidentes
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R. Smith W. Bailey M. D.
Aug. 6th 191? (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 ds. In the State 3 yrs. 7 mos. 20 ds.
Where was disease contracted if not at place of death? Pocatello Creek Pocatello Ida
Former or usual residence: Pocatello Creek Pocatello Ida

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery — DATE OF BURIAL: Aug 7 191?
20. UNDERTAKER: D. M. Walker — ADDRESS: Pocatello Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002

File No. 2771
Registered No. 68
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas Conners

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Ireland (Month) 1 (Day) (Year)

7. AGE: 37 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Quartz Miner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Irland

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Irland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Irland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jane A Smith
(Address) Pocatello Idaho

15. Filed Aug 14 1912 Fred D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 14th 1912
Aug. (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25 1912, to Aug 14 1912, that I last saw h alive on Aug. 12 1912 and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Smith D Pocatello Idaho M. D.
Aug. 14 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida. DATE OF BURIAL: Aug. 13 1912

20. UNDERTAKER: P. C. Shoup ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 2112
Registered No. 69

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jack Durbechuck

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Indian	Married

6. DATE OF BIRTH 1
(Month) (Day) (Year)

7. AGE 70 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Montana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) America

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. C. Silver
(Address) Pocatello, Ida.

15. Filed 8-22 1912 A. W. Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Aug. 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1912, to Aug 22 1912, that I last saw h[illegible] alive on Aug 22 1912, and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:
Shock due to crushing injury of both legs and right arm

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) Alcoholism debauch

(Duration) — yrs. — mos. — ds.

(Signed) Dr. Roberts M. D.
8/22 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State .....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fort Hall, Ida. DATE OF BURIAL: Aug. 23 1912

20. UNDERTAKER: P. C. Silver ADDRESS: Pocatello, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2773
Registered No. 10

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 528, So Main St.)
Registration District No. 19
Primary Registration District No. 1007
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thos B McMurphy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1825 (Year)

7. AGE: 67 yrs. — mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: John McMurphy

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Ellen Brown

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Henry Barbee
(Address): 528 So Main St.

15. Filed 8/27 1912 Earl Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16 — 191.., to Aug 27 1912
that I last saw h.. alive on Aug 27 1912
and that death occurred on the date stated above, at 5½ M.

The CAUSE OF DEATH* was as follows:
Paralysis Agitans

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Uremic Poison
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A Smith Massey M. D.
Aug 27 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL
Ogden Utah July 28 1912

20. UNDERTAKER: W. M. Walker ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2711

Registered No. 71

1. PLACE OF DEATH.
County of Bannock
City of Pocatello

Registration District No. 19
Primary Registration District No. 1002
(No. 704, N. Main St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gilbert N. Young.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 16 (Day) 1911 (Year)

7. AGE: 1 yrs. 2 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: N. N. Young.

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Marrian G. Morris

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. N. Young.
(Address) 704 No. Main.

15.
Filed Aug 29 1912 Emp D Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1912, to Aug. 28 1912
that I last saw him alive on Aug. 27 1912
and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Acute oedema of larynx

(Duration) — yrs. — mos. 1 ds.
Contributory (Secondary) Acute Bronchitis
(Duration) — yrs. — mos. 1 ds.

(Signed) W. F. Howard M. D.
Aug. 29 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery DATE OF BURIAL: Aug 30 1912

20. UNDERTAKER: T. M. Walker ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2775
Registered No. 72

1. PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. Baggage Room O.S.L. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. E. Page.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1864 (Year)

7. AGE: 48 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Bridge builder
(b) General nature of industry business or establishment in which employed (or employer): R.R. Co.

9. BIRTHPLACE (State or Country): Peabody Mass.

10. NAME OF FATHER: Niram Page.

11. BIRTHPLACE OF FATHER (State or Country): Mass.

12. MAIDEN NAME OF MOTHER: Jane Barber.

13. BIRTHPLACE OF MOTHER (State or Country): Mass.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Page
(Address) Jefferson Iowa

15. Filed Aug 29 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 28 1912, to August 28 1912, that I last saw h. alive on August 28 1912 and that death occurred on the date stated above, at 12.50 P.M.

The CAUSE OF DEATH* was as follows:
Diabetic coma

..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) .....
..... (Duration) — yrs. — mos. — ds.

(Signed) C. W. Roberts M. D.
8/28 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Jefferson Iowa — DATE OF BURIAL: Aug 28 1912

20. UNDERTAKER: P. V. Walker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2776
Registered No. 73

1. PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 19
Primary Registration District No. 1002
(No. N. 4th Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Matteo Mellus.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Italian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ... (Month) ... (Day) 1891 (Year)

7. AGE: 21 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mike Salce
(Address) Pocatello Idaho

15. Filed 9/2 1912 Hank Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...
that I last saw h... alive on ... 191...
and that death occurred on the date stated above, at ... M.
The CAUSE OF DEATH* was as follows:
Gun shot wound in head.
(probably accidental)
(Duration) 1 yrs. mos. ds.
Contributory (Secondary) Instant death
(Duration) ... yrs. ... mos. ... ds.
(Signed) O. J. Healy M. D.
Sept. 2, 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Cemetery DATE OF BURIAL: Sept 2 1912

20. UNDERTAKER: P. J. Walker ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 211

Registered No. 280

1. PLACE OF DEATH.
County of Clearwater
City of Near Teakea

Registration District No. 17
Primary Registration District No. 2078
(No....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	single

6. DATE OF BIRTH: Feb (Month) 29 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Clearwater Co nor Teakean

10. NAME OF FATHER: Alpheus Raymond Whelitty

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Alice Leverta Domica

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Jones
(Address) Peck Idaho

15. Filed Aug 11 1912 J. M. Daisley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29 1912, to March 1 1912 that I last saw he alive on Feb 29 1912 and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Premature Infant

..... (Duration) ..... yrs. ..... mos. one ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. M. Jones, M. D.
..... 19..... (Address) Peck Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Teakean Idaho	March 2 1912

20. UNDERTAKER	ADDRESS
None	—

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2719
Registered No. 28

1. PLACE OF DEATH.
County of Clearwater
City of Elk River

Registration District No. 17
Primary Registration District No. 2079
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jas Pierce

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE: 64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): not Known

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Bloomer
(Address) Elk River

15. Filed Sept 1 1912 — J M Tainter, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug. (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1912, to ..... 191..
that I last saw him alive on July 30 1912
and that death occurred on the date stated above, at 2 a M.
The CAUSE OF DEATH* was as follows:
Apoplexy
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm T. Seeley M. D.
Aug 2 1912 (Address) Elk River Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elk River, Idaho — DATE OF BURIAL: Aug 2 1912

20. UNDERTAKER: C.G. Morris — ADDRESS: Elk River Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Clearwater
City of Orofino

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

File No. 2711
Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles McCarty

If death occurred in a hospital, institution or camp give its NAME instead of street and number

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Unknown 1
(Month) (Day) (Year)

7. AGE About 55 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Tarry
(Address) Orofino, Idaho

15. Filed Sept 1 1912 J. M. Tarry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH About [redacted] Aug 24 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Unknown - Found dead several days after death -

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Tarry M. D.
Aug 29 1912 (Address) Orofino, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Orofino, Idaho — DATE OF BURIAL Aug 30 1912

20. UNDERTAKER W. E. Stoddard by J. S. Hogue — ADDRESS Orofino

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2452
Registered No. 45

1. PLACE OF DEATH. Registration District No. 26.
County of Washington Primary Registration District No. 2112
~~City~~ of Country Mine (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Sprague.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: August (Month) 29 (Day) 1895 (Year)

7. AGE: 17 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canyon Co. Ida

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Mary Sawins

13. BIRTHPLACE OF MOTHER (State or Country): Pembroke Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Boarfield
(Address) Weiser Ida

15. Filed August-14th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowned
(accidental)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. W. Ayers - Acting Coroner M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: Aug 14 1912

20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Washington — Primary Registration District No. 2112 — File No. 2753
City of Weiser (No. ....., ... St.) — Registered No. 46
If death occurs away from usual residence, give facts called for under special information. If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ada Benson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: 4 (Month) 27 (Day) 1872 (Year)

7. AGE: 40 yrs. 03 mos. 23 ds. — IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Fremont Co. Iowa

10. NAME OF FATHER: L. J. Burns

11. BIRTHPLACE OF FATHER (State or Country): Davis Co Mo

12. MAIDEN NAME OF MOTHER: Dora James

13. BIRTHPLACE OF MOTHER (State or Country): Randolph Co. Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L L Benson
(Address)

15. Filed Aug 15th 1912 — W. R. Hamilton — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24th 1911, to Aug 15th 1912, that I last saw h[er] alive on July 1912 and that death occurred on the date stated above, at 10 M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 2 (9/12) yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
8/16/ 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida — DATE OF BURIAL: Aug 16th 1912

20. UNDERTAKER: C S Cordelle — ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 26

County of Washington

Primary Registration District No. 1010

City of Weiser

(No. ....., ... St.)

File No. 247

Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Myrtle Dale

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

10 (Month) 5 (Day) 1892 (Year)

7. AGE

19 yrs. 9 mos. 13 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Housewife

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Estate City Scott Co- Va

10. NAME OF FATHER J. L. Black

11. BIRTHPLACE OF FATHER (State or Country) Johnson Co Tenn

12. MAIDEN NAME OF MOTHER Mattie Myers

13. BIRTHPLACE OF MOTHER (State or Country) Scott Co - Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mattie Black

(Address) Cambridge

15.

Filed August 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

August (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15th 1912, to Aug 18th 1912, that I last saw her alive on Aug 18th 1912, and that death occurred on the date stated above, at 1:27 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Appendicial Abscess

(Duration) — yrs. — mos. 7 ds.

Contributory —

(Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Carrie L. Garrett M. D.

Aug 18 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Cambridge — DATE OF BURIAL 8/18 1912

20. UNDERTAKER A. S. Cordell ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 2112
City of Weiser (No. ....., ... St.)
File No. 2785
Registered No. 48

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward J. Cooper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 29 1868 (Month) (Day) (Year)

7. AGE: 43 yrs. 9 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stockman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Andrew Cooper

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Maryann Wylie

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Cooper
(Address) Union Pass

15. Filed Dec 27 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 (Month) 27 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1911, to Aug 27, 1912 that I last saw him alive on Aug 12 1912 and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Carcinoma Sigmoid with secondary Carcinoma in Liver.
(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Exhaustion.
(Duration) ..... yrs. 1 mos. 10 ds.

(Signed) Ernest O Finney M. D.
8-27-1912 (Address) Weiser Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: Aug 28 1912

20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2787

Registered No. 39

1. PLACE OF DEATH. Registration District No. 11

County of Bannock Primary Registration District No. 2048

City of Tyrrell (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Melvin Alvin Buckley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August 13th 1912
(Month) (Day) (Year)

7. AGE: 0 yrs. 0 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Turner, Idaho.

10. NAME OF FATHER: James Alvin Buckley.

11. BIRTHPLACE OF FATHER (State or Country): Utah or Idaho.

12. MAIDEN NAME OF MOTHER: Lilly May Kern

13. BIRTHPLACE OF MOTHER (State or Country): Oklahoma.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Melvin Alvin Buckley
(Address) Emmett

15. Filed Sept 10, 1912 Ellis Buckley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 15 — 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 13 — 1912, to Aug 15 1912
that I last saw h[illegible] alive on Aug 13 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Premature birth in about 6th month of gestation

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Hubbard M. D.
..... 19..... (Address) Grace, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Idaho
DATE OF BURIAL: Aug. 16, 1912

20. UNDERTAKER: B. F. Jorgens
ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2788
Registered No. 38

1. PLACE OF DEATH. Registration District No. 11
County of Central Bannock Primary Registration District No. 2048
City of Bannock (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Neil Bell Jr.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: August (Month) 14 (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 0 ds. IF LESS than 1 day how many 1 hrs or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Central

10. NAME OF FATHER: Neil Bell

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Virginia Cramer

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Neil Bell
(Address) Central

15. Filed Sep 16, 1912 Ellis Kaye Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1912, to for 1 hour 191- that I last saw h saw alive on and die 191- and that death occurred on the date stated above, at 1 o P.M.

The CAUSE OF DEATH* was as follows:
Premature - about 6 mos. of gestation
One hour old.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Hubbard M. D.
19..... (Address) Grace, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Central, Idaho — DATE OF BURIAL: Aug 15, 1912

20. UNDERTAKER: B P Jorgensen — ADDRESS: Conda

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Boise Co
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2008

File No. 270
Registered No. 41
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Judson Alderton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single
6. DATE OF BIRTH: December (Month) ..... (Day) 1838 (Year)
7. AGE: 73 yrs. 8 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): New York
10. NAME OF FATHER: Townsend Alderton
11. BIRTHPLACE OF FATHER (State or Country): New York
12. MAIDEN NAME OF MOTHER: dont Know
13. BIRTHPLACE OF MOTHER (State or Country): dont Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Gardner
(Address) Emmett Idaho
15. Filed 9-7- 1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 8 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Died of heart failure in mountains of Boise Co.
No physician in attendance
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: Aug 12, 1912
20. UNDERTAKER: C D Buckmun — ADDRESS: Emmett

WYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2700

Registered No. 42

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District No. 2008

City of Emmett (If not in incorporated limits, give township.) No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza Beck

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED: married (Write the word.)

6. DATE OF BIRTH: Mar (Month) 29 (Day) 1840 (Year)

7. AGE: 72 yrs. 4 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: Bernhard Joggi

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: dont know

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eliza Beutler
(Address) Emmett Idaho

15.
Filed 9-7-1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to Aug 21 1912, that I last saw h[illegible] alive on Aug 21 1912, and that death occurred on the date stated above, at 11 a. M.

The CAUSE OF DEATH* was as follows: Carcinoma of the Uterus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O. Gladden M. D.

Aug 22 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery DATE OF BURIAL: Aug 23 1912

20. UNDERTAKER: C. D. Buckner ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2795
Registered No. 79

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. 309, 1st Ave St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Donald Ferris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 10 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewiston Idaho

10. NAME OF FATHER: L. L. Ferris

11. BIRTHPLACE OF FATHER (State or Country): Ills.

12. MAIDEN NAME OF MOTHER: Minnie Yaden

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. L. Ferris
(Address)

15. Filed 9-10 1912 D J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1912, to Aug 3 1912, that I last saw him alive on July 29 1912, and that death occurred on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) — yrs. — mos. — ds.
Contributory —
(Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) J. B. Morris M. D.
Aug 3 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston — DATE OF BURIAL: Aug 3 1912

20. UNDERTAKER: C J Vassar — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 2706
Registered No. 80
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Oregonian Farrer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. (*Write* the word.)

6. DATE OF BIRTH July (Month) 8 (Day) 1912 (Year)

7. AGE — yrs. 1 mos. — ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nez Perce

10. NAME OF FATHER Mike A Conor

11. BIRTHPLACE OF FATHER (State or Country) Nez Perce

12. MAIDEN NAME OF MOTHER Oregonia Farrer

13. BIRTHPLACE OF MOTHER (State or Country) Nez Perce

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David R. Chase
(Address) Lewiston Ida

15.
Filed 9-10 1912 C.J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
8 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1912, to Aug 7" 1912 that I last saw her alive on Aug 7th 1912., and that death occurred on the date stated above, at 9 a. M.

The CAUSE OF DEATH* was as follows:
Inanition
(Duration) ..... yrs. 1 mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. A. Ladd M. D.
Aug 8th 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Lewiston
DATE OF BURIAL Aug 8 1912

20. UNDERTAKER C. J. Vassar
ADDRESS Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE O[redacted]TH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2707

Registered No. 81

1. PLACE OF DEATH.

County of Nez Perce

City of Lewiston

Registration District No. [redacted]

Primary Registration District N[redacted]7

(No. ....., [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph H. Honolka

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 20 (Day) 1899 (Year)

7. AGE: 11 yrs. 8 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: schoolboy
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: J. L. Honolka

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Grace Kolar

13. BIRTHPLACE OF MOTHER (State or Country): Bohemia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph G. Honolka

(Address)

15. Filed 9-10 1912 E. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8 1912, to Aug. 8 1912 that I last saw h[redacted] alive on Aug 8 1912, and that death occurred on the date stated above, at 4-45 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis -

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. J. Perkins M. D.

Aug. 9 1912 (Address) Lewiston.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Spokane Wash. DATE OF BURIAL ..... 191...

20. UNDERTAKER: C. J. Vassar. ADDRESS: Lewiston.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2715

Registered No. 82

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009

2. FULL NAME Benvenuto Briotto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~

6. DATE OF BIRTH: Mar (Month) 5 (Day) 1830 (Year)

7. AGE: 82 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Piedmont Italy

10. NAME OF FATHER: Briotto

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Boll S.J.
(Address) Kirkpatrick Idaho

15. Filed 9-10 1912 L.J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Aug 12 1912, that I last saw him alive on Aug 11 1912, and that death occurred on the date stated above, at 12.00 M.

The CAUSE OF DEATH* was as follows:
Old age and ~~from~~ anemia
unknown
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Anemia
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J.M. Morris M. D.
19 ..... (Address) Juniata Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death. Hospital Aug 1 yrs. ..... mos. ..... ds. In the State 1 yrs. ..... mos. ..... ds.
Where was Disease contracted, If not at place of death? ?
Former or usual residence. 1912

19. PLACE OF BURIAL OR REMOVAL: Kirkpatrick Idaho
DATE OF BURIAL: Aug 13 1912

20. UNDERTAKER: C.J. Vassar by W.B. Williamson
ADDRESS: Juniata Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

BYRNS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 2117
City of Lapwai (No. ....., ... St.)
File No. 2704
Registered No. 83

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Levi Prosper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Aug (Month) 10 (Day) 1841 (Year)

7. AGE: 71 yrs. ..... mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): N Y

10. NAME OF FATHER: Levi Prosper

11. BIRTHPLACE OF FATHER (State or Country): N. Y

12. MAIDEN NAME OF MOTHER: Jane Rice

13. BIRTHPLACE OF MOTHER (State or Country): N. Y

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Perry
(Address) Lewiston Ida

15. Surname John Miller

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 1912 to Aug 13 1912
that I last saw h[illegible] alive on Aug 9 1912
and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

Don't Know (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Don't Know
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M. Miller M. D.
Aug 14 1912 (Address) Lapwai Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston DATE OF BURIAL: Aug 14 1912

20. UNDERTAKER: J. A. Perry ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH. Registratio[redacted] 1912

County of Nez Perce Primary R[redacted]009 Bureau of Vital [redacted]

City of Lewiston Ida (No. 323 10[redacted] St.) File No. 2800

Registered No. 84

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Blake -

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Sept 17 1899. (Month) (Day) (Year)

7. AGE: 13 yrs. 8 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mont.

10. NAME OF FATHER: L. W. Blake

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: S. Vail.

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Clementine Blake
(Address) Lewiston Ida

15.
Filed 9-10 1912 L. J. Peck[redacted] Local Reg[redacted]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 18 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1912, to Aug. 18 1912 that I last saw h[redacted] alive on Aug. 18 1912 and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Gun shot wound - (accidental) of brain.

Duration: ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Failure of respiration

Duration: ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Perkins M. D.

Aug. 19 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~ Lewiston Idaho DATE OF BURIAL Aug 20 1912

20. UNDERTAKER J. Vassar ADDRESS Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CLAIMS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ment of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 178

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2801
Registered No. 85

1. PLACE OF DEATH.
County of Nez Perce
City or [illegible] Southwick
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2076
(No. ..... St.)

2. FULL NAME David J Henry

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Mar (Month) 12 (Day) 1864 (Year)
7. AGE: 47 yrs. 6 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Rail RR Conductor
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Indiana
10. NAME OF FATHER: Edward O Henry
11. BIRTHPLACE OF FATHER (State or Country): Ohio
12. MAIDEN NAME OF MOTHER: Matilda Wheeler
13. BIRTHPLACE OF MOTHER (State or Country): Indiana
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs D J Henry
(Address) Muskogee Okla
15.
Filed 9/3 1912 P O Stonebraner Local Registrar
9-90-1912 A J Perkins

MEDICAL CERTIFICATE OF DEATH.

David J Henry

16. DATE OF DEATH: Aug (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18 1912, to Aug 19 1912
that I last saw h[illegible] alive on Aug 19 1912
and that death occurred on the date stated above, at 6:30 A M.

The CAUSE OF DEATH* was as follows:
Cirrosis of the Liver
..... (Duration) [illegible] yrs. 8 mos. 1 ds.
Contributory (Secondary) —
..... (Duration) — yrs. — mos. — ds.

(Signed) P O Stonebraner M. D.
Aug 20 1912 (Address) Leland

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Muskogee Okla DATE OF BURIAL — 191

20. UNDERTAKER: Wm Holland ADDRESS Fifford

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 2502
Registered No. 82
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John B. Lover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Mar 18 54
(Month) (Day) (Year)

7. AGE
58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Gardener
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Switzerland

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) " " "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John B Lover
(Address) Clarkston Wash

15.
Filed 9-10 1912 L. J Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1912, to Aug 19 1912, that I last saw h[illegible] alive on Aug 19 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cancer and
Stomach
(Duration) 2 mo yrs. ..... mos. ..... ds.
Contributory (Secondary) Mal Nutrition
(Duration) — yrs. ..... mos. ..... ds.
(Signed) J. F. Hellbert M. D.
Aug 19 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF BURIAL OR~~ REMOVAL	DATE OF BURIAL
Clarkston Wash	 1912

20. UNDERTAKER	ADDRESS
D R Merchant	Clarkston Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PRESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2-13
Registered No. 87

1. PLACE OF DEATH.
County of Nezperce
City of Gifford
Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fanny Shermark.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child
6. DATE OF BIRTH: July (Month) 28th (Day) 1903 (Year)
7. AGE: 9 yrs. 0 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country) Nezperce Co.
10. NAME OF FATHER Saint Shermark.
11. BIRTHPLACE OF FATHER (State or Country) Bohemia.
12. MAIDEN NAME OF MOTHER Shermark.
13. BIRTHPLACE OF MOTHER (State or Country) Bohemia
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis Shermark.
(Address) Gifford Idaho.
15.

Filed 8-21 1912
9-10-1912 J. J. Perkins

E. E. Watts
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 20th 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1912., to Aug 20th, 1912. that I last saw h[illegible] alive on Aug 20th 2:30 pm. 1912. and that death occ[illegible]ed on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Bowels

..... (Duration) 2 yrs. ✓ mos. ✓ ds.
Contributory Anemia
(Secondary)
..... (Duration) 2 yrs. ✓ mos. ✓ ds.

(Signed) J. J. Hennefrow M. D.
Aug 21st 1912. (Address) Gifford Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Myrtle
DATE OF BURIAL: 8-21 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 2074
City of Gifford (No. ....., ... St.)
File No. 2814
Registered No. 88

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sherman E Finch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower

6. DATE OF BIRTH: Dec (Month) 20 (Day) 1833 (Year)

7. AGE: 78 yrs. 8 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Shirman Finch

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur A. Dobson
(Address) Agatha, Ida

15.
Filed 8-21 1912 E.E. Watts Local Registrar
9-10-1912 L.J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 8 a. M.
The CAUSE OF DEATH* was as follows:
Senile Decay

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E.E. Watts M. D.
Aug 21 1912 (Address) Gifford Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL
Gifford Ida 8-21 1912

20. UNDERTAKER — ADDRESS
None

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2415
Registered No. 89

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Gifford
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

2. FULL NAME Baby Unnamed Bluett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 8 (Month) 23 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds.
IF LESS than 1 day how many 17 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nez Perce Co

10. NAME OF FATHER: David W Bluett

11. BIRTHPLACE OF FATHER (State or Country): Wis

12. MAIDEN NAME OF MOTHER: Lillian A Umbreit

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. W. Bleuett
(Address) Gifford Ida.

15.
Filed 8-25-1912 E. E. Watts Local Registrar
9-10-1912 J. J. Parkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ 2:30 A.M. Aug 24 1912, to ..... 191..
that I last saw him alive on Aug 24 at 2:30 A.M. 1912
and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. J. Douglass M. D.
..... 19.... (Address) Gifford Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gifford Ida — DATE OF BURIAL: 8-25-1912

20. UNDERTAKER: W. E. Stoddard — ADDRESS: Gifford

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2806

Registered No. 90

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nezperce
City of Lewiston Idaho

Registration District No. 16
Primary Registration District No. ~~2445~~ 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Baird

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 7 (Day) 1837 (Year)

7. AGE: 75 yrs. 3 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: X

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Allie Baird
(Address) Lewiston Idaho

15.
Filed 9-10 1912
L J Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1912, to Aug 25 1912
that I last saw him alive on Aug 24 1912
and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Old age. Senile dementia
Final
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) — — —
..... (Duration) ..... yrs. — mos. — ds.

(Signed) J M Morris M. D.
19..... (Address) Genesee

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston
DATE OF BURIAL: Aug 26 1912

20. UNDERTAKER: H R Merchant
ADDRESS: Asotin Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 16
Primary Registration District No. 2074
File No. 2911
Registered No. 91

1. PLACE OF DEATH.
County of Nez Perce
City of Gifford Ida
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Christopher Peter Munsterman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 20th (Day) 1834 (Year)

7. AGE: 78 yrs. 8 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): Agricultural

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Munsterman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Don't Know.

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Munsterman
(Address) Gifford Idaho

15. Filed 8-26 1912
9-10-1912 E.E. Watts Local Registrar
E.J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30th 1912, to Aug 26th 1912
that I last saw h[illegible] alive on Aug 25th 1912
and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Catarrhal Bronchitis

(Duration) 10 yrs. mos. ds.
Contributory (Secondary) Diabetes Mellitus
(Duration) 3 yrs. About mos. ds.
(Signed) E.J. Perkins M. D.
Aug 26 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: German Lutheran Cemetery
DATE OF BURIAL: Aug 27 1912

20. UNDERTAKER: W.E. Stoddard
ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2408
Registered No. 92

1. PLACE OF DEATH.
County of Lemhi
City of Gifford Ida.
(No. ....., ... St.)
Registration District No. 16
Primary Registration District No. 2074

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME. William R. Edwards.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Child

6. DATE OF BIRTH: Sept — 15th 1911.
(Month) (Day) (Year)

7. AGE: ..... yrs. 11 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): ✓

9. BIRTHPLACE (State or Country): Lapwai

10. NAME OF FATHER: Phil. E. Edwards. ~~William R. Edwards.~~

11. BIRTHPLACE OF FATHER (State or Country): Adams Co. Washington

12. MAIDEN NAME OF MOTHER: Jamie Bartlett

13. BIRTHPLACE OF MOTHER (State or Country): Lewiston Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Phil. E. Edwards.
(Address) Gifford Idaho.

15.
Filed 8-28 1912 E. E. Watts Local Registrar
Q10-12-P.J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 28th — 28 — 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 ..... to Aug 28th 1912 that I last saw h..... alive on ..... 191 ..... and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Inflamation of Bowels.
..... (Duration) ✓ yrs. ✓ mos. 3 ds.

(Signed) J. J. Kinnaston M. D.
Aug 28th 1912. (Address) Gifford, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lapwai — DATE OF BURIAL: Aug 29 1912

20. UNDERTAKER: [illegible] — ADDRESS: Gifford Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2809
Registered No. 93

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston Ida (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ricki Elizabeth C. Maguire.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: February 28 1863 (Month) (Day) (Year)

7. AGE: 49 yrs. 6 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: John Hanson

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adam Booger
(Address) Nez Perce.

15. Filed 9 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 31 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Aug 31 1912 that I last saw h[illegible] alive on Aug 31 1912 and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) about five yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Morris M. D.

19 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Idaho — DATE OF BURIAL: Sept 2 1912

20. UNDERTAKER: H R Merchant — ADDRESS: Asotin Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 16

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2511
Registered No. 95

1. PLACE OF DEATH. Registration District No.
County of Jan Pierce
City of Lewiston (No. , St.) Primary Registration District No. 2117

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Morgan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH July (Month) 31 (Day) 1870 (Year)

7. AGE 41 yrs. 10 mos. ds. IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Lelias Morgan

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Stella Pierce

13. BIRTHPLACE OF MOTHER (State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Alley
(Address) Lapwai

15. Filed Aug 31 1912 J. M. Alley Local Registrar
Aug 31 1912 R. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Aug (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1912, to Aug 21 1912
that I last saw h alive on Aug 20 1912
and that death occurred on the date stated above, at 5a M.

The CAUSE OF DEATH* was as follows:
Pertussis

(Duration) yrs. mos. 15 ds.
Contributory Bronchitis
(Secondary)
(Duration) yrs. mos. 4 ds.

(Signed) John M. Alley M. D.
Aug 31 1912 (Address) Lapwai

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs mos ds. In the State yrs mos ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Juliaetta DATE OF BURIAL Aug 31 1912

20. UNDERTAKER Mann Bros ADDRESS Lapwai

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17168

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2-12
Registered No. 31

1. PLACE OF DEATH.
County of Cassia
City of Oakley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2126
(No. ..... St.)

2. FULL NAME Annie Jensen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 12 (Day) 1912 (Year)

7. AGE: ... yrs. 7 mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Oakley Idaho

10. NAME OF FATHER: N. M. Jensen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Annie Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. M. Jensen
(Address) Oakley Idaho

15.
Filed Aug 20 1912
P B Stanbaugh
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 31 1912, to Aug 6th 1912, that I last saw her alive on Aug 6th 1912 and that death occurred on the date stated above, at 5½ M.

The CAUSE OF DEATH* was as follows:
Tubercular Meningitis

(Duration) ... yrs. ... mos. 6 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) J F Wilson M. D.
Aug 6th 1912 (Address) Oakley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oakley
DATE OF BURIAL: Aug 7 1912

20. UNDERTAKER: N M Jensen
ADDRESS: Oakley Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 31
County of Cassia Primary Registration District No. 216
City of Oakley. (No. ..... St.)
File No. 213
Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Bryan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec 24th (Month) (Day) 1910 (Year)

7. AGE: One yrs. 8 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Springville Utah.

10. NAME OF FATHER: James A Bryan

11. BIRTHPLACE OF FATHER (State or Country): Springville Utah.

12. MAIDEN NAME OF MOTHER: Ethel Lee.

13. BIRTHPLACE OF MOTHER (State or Country): Oakley Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ethel Bryan
(Address) Oakley Ida.

15.
Filed Aug 20 1912 P B Stockdale Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1912, to Aug 28 1912
that I last saw h[illegible] alive on Aug 28 1912
and that death occurred on the date stated above, at 3 9 M.
The CAUSE OF DEATH* was as follows:
Mes Colitis

..... (Duration) — yrs. — mos. 10 ds.

Contributory (Secondary) .....
..... (Duration) — yrs. — mos. — ds.

(Signed) P W Nelson M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Oakley, Idaho — DATE OF BURIAL: Aug 21 1912

20. UNDERTAKER: Mrs Simon Shirley — ADDRESS: Oakley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148*

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 314
Registered No. 33

1. PLACE OF DEATH.
County of Cassia
City of Burley
Registration District No. 31
Primary Registration District No. 21 2d
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Geo. Clifford Payley.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Married~~ Widowed
6. DATE OF BIRTH: June (Month) 10 (Day) 1910 (Year)
7. AGE: 2 yrs. 1 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Burley Ida
10. NAME OF FATHER: Earl C. Payley
11. BIRTHPLACE OF FATHER (State or Country): Oakley Ida.
12. MAIDEN NAME OF MOTHER: Myrtle Pat Cook
13. BIRTHPLACE OF MOTHER (State or Country): Oakley Ida.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary Bennett.
(Address) Burley Ida.
15.
Filed Sept 1 1912 L. B. Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 7th (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1912, to August 7th 1912 that I last saw him alive on August 7th 1912 and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Acute Colitis
6 days (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. C. Patterson M. D.
Aug. 7 1912 (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida — DATE OF BURIAL: Aug. 8 1912.
20. UNDERTAKER: R. R. Gallogly. — ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 215

Registered No. 32

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 512
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Leon Lewis Dewell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: ~~Write the word~~ Single

6. DATE OF BIRTH: December 7 1910 (Month) (Day) (Year)

7. AGE: ..... yrs. 20 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: L. E. Dewell

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Elmira E. Barr

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. E. Dewell
(Address) Burley, Idaho

15.
Filed Sept 1 1912 L B Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1912, to Aug 7th 1912
that I last saw him alive on Aug. 7th 1912,
and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Acute Colitis
(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Pattersen M. D.
Aug 8th 1912. (Address) Burley, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley, Idaho. DATE OF BURIAL: Aug 8 1912

20. UNDERTAKER: Home ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 31
County of Cassia Primary Registration District No. 21 24
City of Burley (No. ....., ... St.)
File No. 1-15
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sarah S. Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 6 (Day) 1857 (Year)

7. AGE: 55 yrs. 7 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Midwife
(b) General nature of industry business or establishment in which employed (or employer): At home

9. BIRTHPLACE (State or Country): Sanpete Co. Utah

10. NAME OF FATHER: Caleb G. Edwards

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O P Hill
(Address) Burley

15. Filed Sept 1 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912, to Aug 18" 1912 that I last saw h[illegible] alive on July 10 1912 and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

..... (Duration) 4 yrs. ..... mos. ..... ds.
Contributory Don't know
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. J. Story M. D.
8-28- 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Albion Idaho. DATE OF BURIAL: Aug. 29 1912.

20. UNDERTAKER: L. L. Gallagher ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2817
Registered No. 36

1. PLACE OF DEATH. Registration District No. 31
County of Cassia Primary Registration District No. 2124
City of Burley (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Igata

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Japanese
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 21 (Day) 1912 (Year)
7. AGE: ..... yrs. ..... mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer): At home
9. BIRTHPLACE (State or Country): Cassia Co Ida.
10. NAME OF FATHER: I. Igata
11. BIRTHPLACE OF FATHER (State or Country): Japan
12. MAIDEN NAME OF MOTHER: S. Sakagachi
13. BIRTHPLACE OF MOTHER (State or Country): Japan
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) I Igata
(Address) Burley Ida.
15.
Filed Sept 1 1912 L B Holladay Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 17 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from August 16 1912, to August 17 1912, that I last saw h.er alive on Aug 17 1912 and that death occurred on the date stated above, at 11 P M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Minster M. D.
Aug 17 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley Ida. DATE OF BURIAL: Aug 18 1912
20. UNDERTAKER: L. B. Holladay ADDRESS: Burley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2215
Registered No. 49

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Infant Moore not named
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Apr 9 (Month) 1912 (Day) 1 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 5 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓ ✓
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Near Nampa, Ida.

10. NAME OF FATHER: Geo. H. Moore

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Harriet M Gorsuch

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. D. Calonge
(Address) Nampa Ida

15. Filed June 1 1912 RC Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Apr 9 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2.30 AM 4/9/12 to 7.30 AM 4/9/12 that I last saw h[illegible] alive on Apr 9 1912 and that death occurred on the date stated above, at 7.30 AM

The CAUSE OF DEATH* was as follows:
Delay in delivery. Not recognized as twin pregnancy by woman in attendance
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Transverse position. Mid dorsal presentation
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. D. Calonge M. D.
Apr 9 1912 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kohler Lawn Nampa Ida — DATE OF BURIAL: 4-9-1912
20. UNDERTAKER: None (Harvey Moore acting as Bond.) — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1006
File No. 2819
Registered No. 30

1. PLACE OF DEATH.
County of Canyon
City of Nampa
(No. Cor 16th Ave & 1st St North St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Wright

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 16 (Day) 1862 (Year)

7. AGE: 50 yrs. 3 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lone Co. Kansas

10. NAME OF FATHER: Benjamin Wright

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Pheby Wright

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Minnie Wright
(Address) Nampa Idaho

15.
Filed June 1 1912 R C Ball
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1912, to May 7 1912 that I last saw him alive on May 6 1912, and that death occurred on the date stated above, at 7 1m a. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

Contributory (Secondary) x

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J E Murray M. D.
May 8 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kohler Town — DATE OF BURIAL: 5/8 1912

20. UNDERTAKER: H S Robinson — ADDRESS: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

Registration District No. 3

Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Canyon

Primary Registration District No. 2006

File No. 2820

City of ..... (No. ....., ... St.)

Registered No. 51

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lois Helen Schaub

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: July (Month) 10 (Day) 1909 (Year)

7. AGE: 2 yrs. 10 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work ✓
(b) General nature of industry business, or establishment in which employed (or employer) ✓

9. BIRTHPLACE (State or Country) Calif

10. NAME OF FATHER A W Schaub

11. BIRTHPLACE OF FATHER (State or Country) Ill

12. MAIDEN NAME OF MOTHER Frances Casstevens

13. BIRTHPLACE OF MOTHER (State or Country) Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A W Schaub

(Address) .....

15. Filed June 1 1912 R C Ball Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1912, to Same date 1912 that I last saw her alive on May 16 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Fell into Irrigation ditch & drowned. Was dead when I arrived

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Murray M. D.

May 16 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Idaho Kohlerlawn Cemetery — DATE OF BURIAL: May 18 1912

20. UNDERTAKER: F. K. Robinson — ADDRESS: Nampa Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEA[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 10[redacted]
(No. ....., [redacted] St.)

File No. 2822
Registered No. 52
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Arlie R. Ge[redacted]ty.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 22 (Day) 1892 (Year)

7. AGE: 19 yrs. 10 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): Home.

9. BIRTHPLACE (State or Country): Canyon Co, Ida.

10. NAME OF FATHER: A. Schneider.

11. BIRTHPLACE OF FATHER (State or Country): Germany.

12. MAIDEN NAME OF MOTHER: Agnes R. Swan

13. BIRTHPLACE OF MOTHER (State or Country): Illinois.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Clinton White.
(Address) Nampa Ida.

15. Filed May 19/1912 O.B. Bell[redacted] Local Registrar

[redacted]AL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 17th (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/4/1912., to 5/17/1912. that I last saw her alive on 17th day of May 1912., and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Acute dilitation of heart.
Primary Cause.

(Duration) ——— yrs. ——— mos. 30 min. ds.

Contributory (Secondary): Pernicious vomiting of pregnancy

(Duration) ——— yrs. 2 mos. 16 ds.

(Signed) Geo. D. McKellogg. M. D.
5/18/1912, (Address) Nampa.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if [redacted] place of death?.....
[redacted] usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Nampa, Ida.
DATE OF BURIAL: 5/19/1912.

20. UNDERTAKER: L. B. Shellabarger
ADDRESS: Nampa.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2823

Registered No. 53

1. PLACE OF DEATH. Registration District No. 3

County of Canyon Primary Registration District No. 1006

City of Nampa (No. [redacted], [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Evans.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 28 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many — hrs. or — min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: O. E. Evans.

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Bessie Burns.

13. BIRTHPLACE OF MOTHER (State or Country): W. Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. D. McKillop
(Address) Nampa, Ida.

15. Filed May 30 1912 O B Bell [redacted] M.D., Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5/27/12 1912, to 5/28/ 1912.
that I last saw h im alive on 5/27/ 1912,
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Premature birth and lack of vitality

(Duration) — yrs. — mos. — ds.

Contributory (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Geo. D. McKillop M. D.
5/29/ 1912 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? ...
For how long at usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Rohen Lawn — DATE OF BURIAL: May 31 1912

20. UNDERTAKER: Father D. E. Evans (acting) — ADDRESS: Nampa,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1006.
(No. ....., ... St.)

File No. 2-21
Registered No. 54
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Antone Asvedo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May 19 1911
(Month) (Day) (Year)

7. AGE: 1 yrs. mos. 13 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Antone Asvedo

11. BIRTHPLACE OF FATHER (State or Country): Portugal

12. MAIDEN NAME OF MOTHER: Isabella Silva

13. BIRTHPLACE OF MOTHER (State or Country): Portugal

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Antone Azevedo
(Address) Nampa Ida

15. Filed June 4 1912 O B Beller Reg
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1912, to June 2 1912
that I last saw [illegible] alive on June 2 1912,
and that death occurred on the date stated above, at 7 PM.

The CAUSE OF DEATH* was as follows:
Epileptic convulsions
due to apparent
Hydrocephaloid
(Duration) 1 yrs. mos. 13 ds.
Contributory (Secondary) Cerebral Malformation
(Duration) 1 yrs. mos. 13 ds.

(Signed) D. D. Colonge M. D.
6/4 1912 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cem
DATE OF BURIAL: June 4 1912

20. UNDERTAKER: H Robinson
ADDRESS: Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted]

Form V. S. No. 5. 10M. 6-20-11.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2825

Registered No. 55

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 2605

County of Canyon

City of Greenleaf (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Maren Rasmussen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1828 (Year)

7. AGE: 84 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, professsion, or particular kind of work: House wife

(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Rasmus Poulsen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: do not know

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. Christiansen

(Address) Greenleaf

15. Filed July 8 1912 R C Rule Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) — 6 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1912, to July 5 1912 that I last saw her alive on June 25 1912, and that death occurred on the date stated above, at 8 00 M.

The CAUSE OF DEATH* was as follows:

Heart Trouble

(Duration) — yrs. — mos. 10 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Mills M. D.

7-8 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill

DATE OF BURIAL: July 8 1912

20. UNDERTAKER: W. E. Dyer

ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006 File No. 2826
City of Nampa (No. ....., ... St.) Registered No. 56

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Jay Prescott

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 15 (Day) 1856 (Year)

7. AGE: 55 yrs. 10 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Photographer
(b) General nature of industry business, or establishment in which employed (or employer): for himself

9. BIRTHPLACE (State or Country): Lowell, Mass.

10. NAME OF FATHER: Nathan M. Prescott

11. BIRTHPLACE OF FATHER (State or Country): New Hampshire

12. MAIDEN NAME OF MOTHER: Rozilla Haley

13. BIRTHPLACE OF MOTHER (State or Country): New Hampshire

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H E Prescott
(Address) Boise Idaho

15.
Filed June 8 – 1912 O. D. Beller M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25th 1912, to June 7th 1912 that I last saw him alive on June 7th 1912, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows: Tuberculosis - Acute Miliary

(Duration) ..... yrs. 5 mos. ..... ds.

Contributory (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Lucy M. D.

6/8 1912 (Address) Nampa, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn — DATE OF BURIAL: June 8 1912

20. UNDERTAKER: F. I. Robinson — ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No. 2008
(No. ....., ... St.)

File No. 227
Registered No. 57
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret A Judd

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: November (Month) 7 (Day) 1852 (Year)

7. AGE: 59 yrs. 6 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Wales

10. NAME OF FATHER: Isaac Jones

11. BIRTHPLACE OF FATHER (State or Country): North Wales

12. MAIDEN NAME OF MOTHER: Margaret Anna Jones

13. BIRTHPLACE OF MOTHER (State or Country): North Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harriet M. Judd
(Address) Caldwell, Idaho

15. Filed June 16 1917 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 14 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Uraemia.

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Chronic nephritis, Hepatitis
Carcinoma of left breast.

(Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Att Lang Canon M. D.

19..... (Address) Canyon Co

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: 6/17 1917

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2828

Registered No. 59

1. PLACE OF DEATH.
County of Canyon
City of Parma (No. ....., ... St.)
Registration District No. 3
Primary Registration District No. 2007

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Celia Fritts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: April (Month) 18 (Day) 1880 (Year)

7. AGE: 31 yrs. 3 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): -

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Wm C. Croswhite

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Edna Lloyd.

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T S Cresswhite
(Address) Parma Ida

15. Filed 6/28 1912 R. Pluen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1912, to June 28 1912, that I last saw her alive on June 27 1912, and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) - yrs. 6 mos. - ds.

Contributory (Secondary) -

(Duration) - yrs. - mos. - ds.

(Signed) R. Pluen M. D.

6/28 1912 (Address) Parma

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Parma Idaho — DATE OF BURIAL: 6/29 1912

20. UNDERTAKER: Flat Peckham — ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2529

Registered No. 60

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ..... St.)
Registration District No. .....
Primary Registration District No. 1003
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruth Martin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec (Month) 16 (Day) 1 (Year)

7. AGE: 19 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): South Dakota

10. NAME OF FATHER: C Martin

11. BIRTHPLACE OF FATHER (State or Country): Kanada

12. MAIDEN NAME OF MOTHER: Katharine Lewis

13. BIRTHPLACE OF MOTHER (State or Country): Kanada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Platt
(Address) .....

15. Filed June 30 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1911, to June 20 1912, that I last saw her alive on June 20 1912, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 4 mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C M Tracy M. D.
June 29 1912 (Address) Caldwell Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: June 30 1912

20. UNDERTAKER: W E Platt — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2006 File No. 2430
City of ..... (No. ....., ..., St.) Registered No. 61
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Emily Lewis
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dont Know, (Month) (Day) 1846 (Year)

7. AGE: 66 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Thos Russell

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Mary Harris

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martha Williamson
(Address) Kuna Ida

15. Filed July 9 1912 O B Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20th 1912, to June 28 1912, that I last saw h alive on June 28 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia
(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Cardiac Exhaustion
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H P Ross M. D.
July 1 1912 (Address) Nampa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 5 yrs. — mos. — ds. In the State 5 yrs. — mos. — ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Rosedale Nampa — DATE OF BURIAL: July 2 1912

20. UNDERTAKER: F. N. Robinson — ADDRESS: Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ..... St.)

File No. 2-31
Registered No. 62
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Celia N Cowden

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 21st (Day) 1836 (Year)

7. AGE: 76 yrs. 11 mos. ——— ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: N P Chapman

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Reynolds

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. A. Cowden
(Address) Silverton Oregon

15. Filed July 10 1912 R. V. Bull
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1912, to July 10 1912
that I last saw her alive on July 9 — 1912,
and that death occurred on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 2 yrs. 3 mos. ds.

Contributory (Secondary) Cystitis

(Duration) yrs. 9 mos. ds.

(Signed) C. M. Hardy M. D.
July 10 1912 (Address) Caldwell Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Polo Illinois
DATE OF ~~BURIAL~~: on arrival 191...

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of ____
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2007
(No. ____, ____ St.)

File No. 2536
Registered No. 64
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Dow

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word): S.

6. DATE OF BIRTH: Sept (Month) 9 (Day) 09 (Year)

7. AGE: 2 yrs. 9 mos. ____ ds.
IF LESS than 1 day how many ..... *hrs.or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Roswell Ida

10. NAME OF FATHER: Walter Dow

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Scott Maud

13. BIRTHPLACE OF MOTHER (State or Country): Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Dow
(Address) Jordan Valley Ore

15. Filed 7/5 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/4 1912, to 7/4 1912
that I last saw h— alive on ____ 191__,
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Drowned

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary) —
— (Duration) — yrs. — mos. — ds.

(Signed) R. D. Clapp M. D.
7/5 1912 (Address) Jordan Valley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Roswell Ida
DATE OF BURIAL: 7/5 1912

20. UNDERTAKER: Rockwell & Ricketts
ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 2007
File No. 233
Registered No. 65

1. PLACE OF DEATH.
County of Canyon
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bartles

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word): M

6. DATE OF BIRTH: Jan (Month) 14 (Day) 71 (Year)

7. AGE: 41 yrs. 6 mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Philip Bartles

12. MAIDEN NAME OF MOTHER: Tennessee

13. BIRTHPLACE OF MOTHER (State or Country): Viola Kimball

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Volland Bartles
(Address) .....

15. Filed 7/15 1912 P. J. Quinn. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓ 191..., to ..... 191...
that I last saw h[illegible] alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Gastritis
was dead when I
saw him, had treatin
him (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. J. Quinn M. D.
7/14 1912 (Address) Parma

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Parma — DATE OF BURIAL: 7/15 1912

20. UNDERTAKER: Platt Peckham Co — ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 2007
File No. 2834
Registered No. 66

1. PLACE OF DEATH.
County of Payon
City of Parma (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Fritts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Feby (Month) 14 (Day) 1912 (Year)
7. AGE: ✓ yrs. 6 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): ✓
9. BIRTHPLACE (State or Country): Parma Ida
10. NAME OF FATHER: Ike A. Fritts
11. BIRTHPLACE OF FATHER (State or Country): Tenn.
12. MAIDEN NAME OF MOTHER: Celia Crosswhite
13. BIRTHPLACE OF MOTHER (State or Country): Tenn.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ike A Fritts
(Address) Parma Idaho
15. Filed 7/17 1912 N. J. Cluen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 17 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 11 1912, to July 16 1912, that I last saw h[illegible] alive on July 16 1912, and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: death Pelvis myelitis
..... (Duration) ✓ yrs. ✓ mos. 13 ds.
Contributory (Secondary) ✓ (Duration) ✓ yrs. ✓ mos. ✓ ds.
(Signed) N. J. Cluen M. D.
7/17 1912 (Address) Parma Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Parma Idaho — DATE OF BURIAL: 7/17 1912
20. UNDERTAKER: Platt Peckham & Co — ADDRESS: Parma

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Canyon Co
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2007

File No. 235
Registered No. 67
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Sing

6. DATE OF BIRTH: July (Month) 23 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Canyon Co

10. NAME OF FATHER: C M. Ritsema

11. BIRTHPLACE OF FATHER (State or Country): Holland

12. MAIDEN NAME OF MOTHER: Pauline E. Koobs

13. BIRTHPLACE OF MOTHER (State or Country): Holland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. M. Ritsema
(Address) Parma

15. Filed 7/24 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1912, to July 23 1912
that I last saw him alive on July 23 1912,
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Asphyxia from weakness
5 hours
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) Prematurity (7½ mos.).
(Duration) — yrs. — mos. — ds.

(Signed) Chas. B. Allen M. D.
July 24 1912 (Address) Parma, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Parma Ida. DATE OF BURIAL: 7/24 1912

20. UNDERTAKER: Hall Pickles Co ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

3

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2536

Registered No. 68

1. PLACE OF DEATH.

County of Canyon

City of Parma

Registration District No. .....

Primary Registration District No. 2007

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME — Wallace

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 15 (Day) 1860 (Year)

7. AGE: 52 yrs. 6 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: John E. Wallace

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: Lucinda Corley

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): John E. Wallace Jr.
(Address): Parma Ida

15. Filed 7/28 191 2 P. J. Lemon Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 7 (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...,
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Stomach

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)
— (Duration) — yrs. — mos. — ds.

(Signed) Robt Wood M. D.
19... (Address) Act Coroner.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Parma Ida — DATE OF BURIAL: 7/29 1912

20. UNDERTAKER: Hall Peckham — ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Kootenai
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3.
Primary Registration District No. 1006
(No. ..... St.)

File No. 2837
Registered No. 69
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John M Bray.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Don't Know. (Month) (Day) 1840 (Year)

7. AGE: 72 yrs. 0 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Contractor
(b) General nature of industry business, or establishment in which employed (or employer): no employer but self.

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J M Bray
(Address) Kootenai Ida

15.
Filed July 28 1912 O B Billee M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1912 to July 27 1912
that I last saw him alive on July. 27 1912
and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Duodenum

(Duration) 1 yrs. 6 mos. — ds.

Contributory (Secondary): None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Bray M. D.
July 27 1912 (Address) Kootenai Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death 20 yrs. 6 mos. 0 ds. In the State 20 yrs. 0 mos. 0 ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence. Wisconsin

19. PLACE OF BURIAL OR REMOVAL: Kohler Town Kootenai — DATE OF BURIAL: July 29 1912

20. UNDERTAKER: F. K. Robinson — ADDRESS: Kootenai, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted]

Form V. S. No. 5. 10M. 6-20-11.

1. PLACE OF DEATH. Registration District No. 5 Bureau of Vital Statistics

County of Canyon Primary Registration District No. 7005 File No. 2835

City of Caldwell (No. ....., ... St.) Registered No. 70

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Wilson Leiser

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Oct (Month) 12 (Day) 1880 (Year)

7. AGE: 61 yrs. 9 mos. 19 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: House wife.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Mr. L. G. Crow

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Jane Hunt

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilson Leiser

(Address) Caldwell Idaho

15.

Filed Aug. 2 1912 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1912, to July 31 1912, that I last saw her alive on July 31 1912, and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:

Cancer of bowel

Not known (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Cole M. D.

July 31 1912 (Address) Caldwell, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill. DATE OF BURIAL: Aug 1 1912

20. UNDERTAKER: Platt Peckham ADDRESS .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2539
Registered No. 71

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 1006
(No. ....., ... St.)

2. FULL NAME Luther D. Evans

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: x Not able to find out day Mo. 1883 (Month) (Day) (Year)

7. AGE: x 29 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Brakeman
(b) General nature of industry business or establishment in which employed (or employer): Idaho North. R R

9. BIRTHPLACE (State or Country): x Unknown

10. NAME OF FATHER: x Unknown

11. BIRTHPLACE OF FATHER (State or Country): x Unknown

12. MAIDEN NAME OF MOTHER: x Unknown

13. BIRTHPLACE OF MOTHER (State or Country): x Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr J W Murray
(Address) Nampa Idaho

15.
Filed Aug 5 1912 O B Bellew M D
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1912, to Same date 191.. that I last saw h.. alive on Same date 191.., and that death occurred on the date stated above, at about P. M.

The CAUSE OF DEATH* was as follows:
Scalded with steam & ruptured bowel from railroad wreck
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Accidental (R. R. injury)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J W Murray M. D.
July 29 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the Nampa Hospital State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Accident
Former or usual residence Meridian Idaho

19. PLACE OF BURIAL OR REMOVAL: Removed to
DATE OF BURIAL: July 30 1912
20. UNDERTAKER: B K Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1005
File No. 2840
Registered No. 72

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
(No. ..... Canyon Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elsie Roberta Mason.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Nov 22 1910 (Month) (Day) (Year)
~~Evelyn~~ 27 1912

7. AGE: 1 yrs. 9 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Oscar G. Mason

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Acca Kimmel

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar G. Mason
(Address) Caldwell Idaho.

15.
Filed Aug. 31 1912
Jas. S. Meyers M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 27. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1912, to Aug 27 1912, that I last saw her alive on Aug 27 1912, and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:

Enteric colitis

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C M Kaley M. D.

Aug 27 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: Aug 28 1912

20. UNDERTAKER: W. C. Dyer
ADDRESS: Caldwell

Dr Kaley

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2841

Registered No. 73

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 3

Primary Registration District No. 1005

County of Canyon

City of Caldwell (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Newton Colman Lawrence.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 2d (Day) 1847 (Year)

7. AGE: 64 yrs. 9 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill. Fulton Co.

10. NAME OF FATHER: Abney Lawrence.

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Emeline Riley.

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C M Lawrence
(Address) Caldwell - Idaho.

15.
Filed Sept 13 1912 Jos. D. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1912, to Sept 2 1912, that I last saw him alive on Sept 1 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Heart failure with Stomach complication

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. J. Miller M. D.

Sept 3 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston Illinois | DATE OF BURIAL ..... 191..

20. UNDERTAKER: Platt Preston | ADDRESS Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2-44
Registered No. 103

1. PLACE OF DEATH. Registration District No. 13
County of Latah Primary Registration District No. 2068
City of Bovill (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gertrude Tibble

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1887 (Year)

7. AGE: 25 yrs. 0 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James H. Lunsford

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Elizabeth E. Green

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. E. Faust
(Address) Deary

15. Filed 8-31 1912 P. E. Faust Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 21 1912, to Aug. 24 1912
that I last saw her alive on Aug. 23 1912
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Acute Parenchymatous nephritis

..... (Duration) 0 yrs. 0 mos. 4 ds.
Contributory (Secondary) difficult labor of pregnancy
..... (Duration) 0 yrs. 9 mos. ds.

(Signed) P. E. Faust M. D.
8/24 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Avon Cemetery
DATE OF BURIAL: 8-25 1912

20. UNDERTAKER: J. M. Shampine
ADDRESS: Bovill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of ..... (No. ....., ... St.)

Registration District No. 15
Primary Registration District No. 2066

File No. 2045
Registered No. 764

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John W Pledger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: July (Month) 31 (Day) 1881 (Year)

7. AGE: 31 yrs. ..... mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wilson Co. Kansas

10. NAME OF FATHER: John W. Pledger.

11. BIRTHPLACE OF FATHER (State or Country): Canadia.

12. MAIDEN NAME OF MOTHER: Rachel Gardner

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Pledger
(Address) Potlatch Idaho.

15.
Filed Aug. 22 1912. J. H. Thompson M. D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1912, to Aug 22 1912, that I last saw h.. alive on Aug 21 1912 and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Nine Children

(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. W. Hagans M. D.
19..... (Address) Palouse

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meadenville County
DATE OF BURIAL: Aug 23 1912

20. UNDERTAKER: E Anderson
ADDRESS: Palouse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2-17
Registered No. 106

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

2. FULL NAME Emerenta Sahlin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1833 (Year)

7. AGE: 79 yrs. 11 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer): Retired Farmer

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Lars Olson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Sigrid Olson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jonas Sahlin
(Address) Troy Idaho

15.
Filed Aug 8 1912 J. W. Olson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5th 1912, to Aug 7th 1912
that I last saw her alive on Aug 7th 1912
and that death occurred on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows:

Nephritis

..... (Duration) 12 yrs. ..... mos. ..... ds.
Contributory (Secondary) Hemorrhage from kidney or Bladder. Uraemia
..... (Duration) ..... yrs. ..... mos. 2 ds.
(Signed) J. W. Olson M. D.
Aug 9 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burnt Ridge Cem. Troy Ida. DATE OF BURIAL: Aug 8 1912

20. UNDERTAKER: Mrs E. Armstrong ADDRESS: Troy Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2415
Registered No. 107

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2065
City of Troy (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Seward Page

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 24 (Day) 1838 (Year)

7. AGE: 74 yrs. 11 mos. 19 ds. IF LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: Seward Page

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Mary Fay

13. BIRTHPLACE OF MOTHER (State or Country): Maine

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lillian Page
(Address) Troy Idaho

15. Filed Aug 19 1912 J. V. Olson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about one year 191.., to ago - once 191..
that I last saw h..... alive on ..... 191..
and that death occurred on the date stated above, at 6 a. M.

The CAUSE OF DEATH* was as follows:
Parenchymatous Nephritis
Valvular heart disease

(Duration) 12 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr C L Gutman M. D.
Sept 19 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bugh Cemetery Troy Idaho
DATE OF BURIAL: Aug 20 1912

20. UNDERTAKER: W. P. Dewey
ADDRESS: Troy Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2-49

Registered No. 98

1. PLACE OF DEATH.

County of Lelah

City of Near Kendrick

Registration District No.

Primary Registration District No. 4064

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME not named Schultz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 25 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds.

IF LESS than 1 day how many 10 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Near Kendrick Ida

10. NAME OF FATHER: Jos Schultz

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Alvina Schley

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Jos Schultz
(Address): Kendrick

15. Filed Aug 26 1912 J E Hoyt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Aug 25 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Premature birth 7 Mon.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J E Hoyt M. D.

Aug 26 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cameron Ida
DATE OF BURIAL: Aug 27 1912

20. UNDERTAKER: D. J. Rowlands
ADDRESS: Kendrick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 15
Primary Registration District No. 7063
(No. ....., ... St.)

File No. 2850
Registered No. 108

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clifford Levine Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: August 12 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Latah Co. Idaho

10. NAME OF FATHER: John Peterson

11. BIRTHPLACE OF FATHER (State or Country): Minnesota

12. MAIDEN NAME OF MOTHER: Annie Hogan

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gabriel Breivik
(Address) [redacted] Genesee Idaho.

15.
Filed 8-26 W. F. Chee
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1912, to Aug. 23 1912
that I last saw him alive on Aug. 15 1912
and that death occurred on the date stated above, at 9:40 A.M.

The CAUSE OF DEATH* was as follows:

Condensed Milk Feeding

..... (Duration) ..... yrs. ..... mos. 13 ds.
Contributory (Secondary) Gastro-Enteritis
..... (Duration) — yrs. — mos. 10 ds.

(Signed) W. M. McCall M. D.
Aug. 26 1912 (Address) Genesee

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Norwegian Cem.
DATE OF BURIAL: 8-26 1912

20. UNDERTAKER: Falter
ADDRESS: Genesee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOI

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2851
Registered No. 99

1. PLACE OF DEATH.
County of Latah
City of Moscow
Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not Named Frazier

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 20 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Near Moscow

10. NAME OF FATHER: Harry Frazier

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Aggie S Linn

13. BIRTHPLACE OF MOTHER (State or Country): Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Frazier
(Address) Moscow

15. Filed Aug 30 1912 — J. H. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1912, to Aug 30 1912, that I last saw h[illegible] alive on Aug 29 1912 and that death occurred on the date stated above, at 10.9 M.

The CAUSE OF DEATH* was as follows:
Hemorrhage from cord

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. N. Clarke M. D.
..... 19 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Aug 31 1912

20. UNDERTAKER: Frank Frazier — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 252
Registered No. 101

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ..... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edith M. Morgan.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 16 (Day) 1891 (Year)

7. AGE: 21 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Garrison Mo.

10. NAME OF FATHER: H. H. Morgan

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Alice Reed

13. BIRTHPLACE OF MOTHER (State or Country): Lakeville Minn

14. THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE
(Informant): H A Morgan
(Address): Genesee

15.
Filed Aug 15 1912 — L. F. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. (Month) 14 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~191~~, to ~~191~~
~~that I last saw h~~ alive on ~~191~~,
~~and that death~~ occurred on the date stated above, at ~~M.~~

The CAUSE OF DEATH* was as follows:
After death by accident
Aug Aug. 14 - 1912
Auto. accident

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Gutsman M. D.

19 ..... (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Genesee — DATE OF BURIAL: Aug 16 191

20. UNDERTAKER: Robertz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5.; 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. 1088
File No. 2853
Registered No. 100

1. PLACE OF DEATH.
County of Latah
City of Moscow (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Howard Lawrence Waterman.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ~~August~~ May 26 (Month) ~~24~~ (Day) ~~1858~~ 1857 (Year)

7. AGE: 55 yrs. 2 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lamoille Vermont

10. NAME OF FATHER: Levi A. Waterman

11. BIRTHPLACE OF FATHER (State or Country): Lamoille Vermont

12. MAIDEN NAME OF MOTHER: Hannah D. Whiting.

13. BIRTHPLACE OF MOTHER (State or Country): Lamoille Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter W. Waterman.
(Address) Middleton Idaho.

15.
Filed Aug 25 1912
D. F. Rae
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1912, to Aug 24 1912, that I last saw h[illegible] alive on Aug 24 1912, and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
General debility following typhoid fever

(Duration) ..... yrs. 1½ mos. ..... ds.

Contributory (Secondary) Tuberculosis of Knee

(Duration) ½ yrs. ..... mos. ..... ds.

(Signed) D. F. Rae M. D.
Aug 25 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Aug 26 1912

20. UNDERTAKER: J. E. Pickerd — ADDRESS: Palouse

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 18672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2854
Registered No. 54

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13 2053
Primary Registration District No. 1007
(No. Idaho Insane Asylum)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cora Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1858 (Year)

7. AGE: 48 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: ~~~

11. BIRTHPLACE OF FATHER (State or Country): ~~~

12. MAIDEN NAME OF MOTHER: ~~~

13. BIRTHPLACE OF MOTHER (State or Country): ~~~

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances N. Poole
(Address) Blackfoot. Idaho.

15. Filed Aug 3 1912 — W. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: February (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 31 1912, to Feb. 10 1912
that I last saw h[er] alive on Feb 10 1912
and that death occurred on the date stated above, at 5 a. M.

The CAUSE OF DEATH* was as follows:
Exhaustion due to
Acute Mania

..... (Duration) ..... yrs. 1 mos. ..... ds.

Contributory (Secondary) Acute Mania

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Frances N. Poole M. D.
Feby 10 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 11 ds. In the State 1 yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence: Council, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Council, Idaho
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Brown-Eldridge Fun. Co.
ADDRESS: Blackfoot, Idaho.

MARGIN RESERVED FOR BINDING
MAINLY, WITH UNFADING INK—THIS IS A PERMANENT ... information should be carefully supplied. AGE should be stated E... state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum st.)

File No. 255
Registered No. 55
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Reese

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
(Month) (Day) 1880 (Year)

7. AGE
32 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Butcher
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis M Poole
(Address) Blackfoot, Idaho

15.
Filed Aug 4 1912 W. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
April 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1912, to April 20 1912
that I last saw h.m alive on April 20 1912,
and that death occurred on the date stated above, at 1 A. M.
The CAUSE OF DEATH* was as follows:
Paresis
(Duration) yrs. 8 mos. ds.
Contributory (Secondary) Alcoholism & Syphilis
(Duration) yrs. mos. ds.
(Signed) Francis M Poole M. D.
Apr. 20 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 26 ds. In the State ..... yrs. 8 mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence. Pocatello, Idaho

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Idaho Insane Asylum	Apr. 21 1912

20. UNDERTAKER	ADDRESS
F M Poole M.D.	Blackfoot, Id

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2256

Registered No. 56

1. PLACE OF DEATH.

Registration District No. 13

County of Bingham

Primary Registration District No. 2053

City of Blackfoot

(No. Idaho Insane Asylum St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jacob Reinhard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1839 (Year)

7. AGE: 73 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A. Poole
(Address) Blackfoot. Idaho

15. Filed Aug 9 1912 W E Atkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1912, to Aug 7 1912, that I last saw him alive on Aug 7 1912 and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
Valvular disease of the heart

..... (Duration) ? yrs. ..... mos. ..... ds.

Contributory (Secondary) ? .....

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Francis A. Poole. M. D.

Aug 7 1912 (Address) Blackfoot. Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos. 4 ds. In the State 31 yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Hailey. Idaho

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Blackfoot. Idaho. DATE OF BURIAL: Aug 9 1912

20. UNDERTAKER: E. J. Peck ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2857
Registered No. 57

1. PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. 153 E. Judicial St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thelma Bagley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): S

6. DATE OF BIRTH: July (Month) 14 (Day) 1911 (Year)

7. AGE: 1 yrs. 0 mos. 24 ds. IF LESS than 1 day how many.....*hrs. or* .....*min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spokane Wash

10. NAME OF FATHER: Sam'l L. Bagley

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Rebecca Hill

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jack Palmer
(Address) Blackfoot Idaho

15. Filed Aug 9 1912 — M E Petrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1912, to July 25 1912 that I last saw her alive on July 24 1912 and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Intussusception
(Duration) 1 yrs. mos. 24 ds.
Contributory Ingham cervical glands Tuberculosis
(Secondary)
(Duration) yrs. mos. 7 ds.

(Signed) M E Petrie M. D.
Aug 9 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fort City Cem. Blackfoot — DATE OF BURIAL: Aug 9 1912

20. UNDERTAKER: Mrs Jack Palmer — ADDRESS: Blackfoot Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot (No. Idaho Insane Asylum St.)
File No. 259
Registered No. 3 59

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Russell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH ..... (Month) ..... (Day) 1839 (Year)

7. AGE 73 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances N Poole
(Address) Blackfoot. Idaho.

15. Filed Aug 13 1912 W. E. Ahrens Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH August (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1912, to Aug 10 1912
that I last saw him alive on Aug 10 1912
and that death occurred on the date stated above, at 10 p. M.
The CAUSE OF DEATH* was as follows:
Senile dementia

? (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
? (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frances N Poole M. D.
Aug. 10 1912 (Address) Blackfoot. Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 2 mos. 5 ds. In the State 5 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Bliss Idaho.
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asylum Cemetery	Aug. 13 1912

20. UNDERTAKER	ADDRESS
F N Poole M.D.	Blackfoot.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No. No number St.)

Registration District No. 13
Primary Registration District No. 1007
File No. 2860
Registered No. 60

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leo Frank Webster

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 29 (Day) 1898 (Year)

7. AGE: 14 yrs. 7 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): West Jordan Utah

10. NAME OF FATHER: Frank M Webster

11. BIRTHPLACE OF FATHER (State or Country): West Jordan Utah

12. MAIDEN NAME OF MOTHER: Sarah Haun

13. BIRTHPLACE OF MOTHER (State or Country): West Jordan Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank M. Webster
(Address) Blackfoot Idaho

15.
Filed Aug 15 1912
M E Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1912, to Aug 14 1912, that I last saw h[illegible] alive on Aug 14 1912 and that death occurred on the date stated above, at 6.40 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs. ..... mos. 25 ds.
Contributory (Secondary) Hemorrhage bowels
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) M E Patrick M. D.
Aug 15 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Medvale Utah
DATE OF BURIAL: Aug 16 1912

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2861
Registered No. 61

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No.) Idaho Insane Asylum

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME E. A. Clore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1868 (Year)

7. AGE: 44 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances N Poole
(Address) Blackfoot. Idaho

15. Filed Aug 21 1912 W. E. Petrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 1912, to Aug. 20 1912
that I last saw h[im] alive on Aug. 20 1912
and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of the heart

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Cardiac hypertrophy
(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Francis N Poole M. D.
Aug. 21 1912 (Address) Blackfoot. Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 3 mos. 16 ds. In the State 3 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Caldwell, Idaho

19. PLACE OF BURIAL OR REMOVAL: Caldwell Idaho
DATE OF BURIAL: Aug 23 1912

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot. Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum)

File No. 2482
Registered No. 62.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Anna M. Radford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1884 (Year)

7. AGE: 28 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housemaid
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): ?

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis M. Poole
(Address) Blackfoot. Idaho

15.
Filed Aug 22 1912
M. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 15 1912, to Aug. 20 1912
that I last saw her alive on Aug 19 1912
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Exhaustion due to Epilepsy

..... (Duration) 11 yrs. ..... mos. ..... ds.
Contributory (Secondary) Epilepsy
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Francis M. Poole M. D.
Aug. 20 1912 (Address) Blackfoot. Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 5 mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence. American Falls. Idaho

19. PLACE OF BURIAL OR REMOVAL: American Falls. Ida.
DATE OF BURIAL: ? 191...

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot. Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2863
Registered No. 63

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot (No.) Thomas Mund (St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Unnamed Berg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 27 (Day) 1912 (Year)

7. AGE: ....yrs....mos....ds. IF LESS than 1 day how many 2 hrs. or ....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Thomas Mund Bingham Co Ida

10. NAME OF FATHER: Swan Berg

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Lulu Burke

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Swan Berg
(Address)

15. Filed Aug 29 1912 M. E. Parkis Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Aug 27 1912 that I last saw him alive on Aug 27 1912 and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Inanition

(Duration) ....yrs....mos....ds.
Contributory (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Joseph B Davis M. D.
Aug 30 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverside-Thomas Cem
DATE OF BURIAL: Aug 28 1912

20. UNDERTAKER: Swan Berg
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2864

Registered No. 67

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10

2. FULL NAME James Holt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1852 (Year)

7. AGE: 60 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Hehl
(Address) Canfield Ida

15.
Filed August 18th 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1912, to Aug 16 1912
that I last saw him alive on Aug 12 1912
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Chronic nephritis
Uraemia (Duration) some yrs. some mos. some ds.
Contributory (Secondary) Lobar Pneumonia
Gds (Duration) — yrs. — mos. — ds.

(Signed) J. D. Shinn M. D.
Aug 18 1912 (Address) Cottonwood Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Cemetery — DATE OF BURIAL: Aug 19 1912

20. UNDERTAKER: Joseph McCloskey — ADDRESS: Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Part B

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10
(No. ....., ... St.)

File No. 2465
Registered No. 66
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Watson.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 26 (Day) 1886 (Year)

7. AGE: 26 yrs. 2 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho Co.

10. NAME OF FATHER: Robert Watson

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Sofia No more known

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): James Buchanan
(Address): Cottonwood Idaho

15. Filed Aug 28 1912 G. S. Stockton Local Registrar per Dee

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 26th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18th 1912, to Aug. 26th, 1912, that I last saw him alive on Aug. 26th, 1912, and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis

(Duration) Indefinite yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. H. Turner, M. D.
Aug. 28, 1912 (Address) Cottonwood, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Protestant Cemetery — DATE OF BURIAL: Aug 29 1912

20. UNDERTAKER: Joseph McCloskey — ADDRESS: Cottonwood Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. [redacted]

1. PLACE OF DEATH — Registration District No. 10 — Bureau of Vital Statistics

County of Idaho — Primary Registration District No. 2101 — File No. 2866

City of Stites — (No. ....., ... St.) — Registered No. 65

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Francis Crader

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (~~Married~~ Widowed)

6. DATE OF BIRTH: Jan (Month) nine (Day) 1873 ~~1872~~ (Year)

7. AGE: 38 yrs. 5 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Thomas Blackerby

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Lillia Avery

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac Crader
(Address) Stites Idaho

15.
Filed Aug 8 1912 Houston & Snyder Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4. 1912, to Aug 9. 1912, that I last saw her alive on Aug 7 1912, and that death occurred on the date stated above, at 3 a. M.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(Duration) ..... yrs. ..... mos. 34 ds.

Contributory (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Vesbenmus M. D.

Aug 11 1912 (Address) Knoxville - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Tahoe Cemetary — DATE OF BURIAL: Aug 9 1912

UNDERTAKER: Mrs Bridgham — ADDRESS: Knoxville Ida

SYMS-YORK CO., PRINTERS & STATIONERS, DENVER 15072

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Kooskia
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101
(No. ..... , ... St.)

File No. 2567
Registered No. 64
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Silas C. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) 23 (Day) 1857 (Year)

7. AGE: 58 yrs. 5 mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Farmer

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: Silas Wilson

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Nancy Crater

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah C. Wilson
(Address) Kooskia Idaho

15.
Filed Sept 2 1912 Vaughan E Snyder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1912, to Aug 22 1912 that I last saw h[illegible] alive on Aug 20 1912, and that death occurred on the date stated above, at 1145 P.M.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Trouble
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Uremic Convulsions
..... (Duration) ..... yrs. ..... mos. ..... d
(Signed) Jno Verburg M.D.
Aug 22 1912 (Address) Kooskia Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... d
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Tahoe Cemetery
DATE OF BURIAL: Aug 24 1912

20. UNDERTAKER: M. L. Bridgham
ADDRESS: Kooskia Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Kooskia (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101

File No. 2515
Registered No. 53

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Michal H Barnes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Jan. (Month) 14 (Day) 1861 (Year)

7. AGE: 51 yrs. 5 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: Johns. Barnes

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Elesabeth Smith

13. BIRTHPLACE OF MOTHER (State or Country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lena Barnes
(Address) Kooskia Idaho

15.
Filed Aug 8" 1912 Houston E Snyder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1912 to the Aug 8 1912 that I last saw h[im] alive on Aug 5 1912 and that death occurred on the date stated above, at 5 a M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Verbeturnen M. D.
Aug 11 1912 (Address) Kooskia Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Tahoe Cemetary — DATE OF BURIAL: Aug 9 1912

20. UNDERTAKER: M. L. Bridgham — ADDRESS: Kooskia Ida

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Clearwater (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2101

File No. 2869
Registered No. 62
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Arfurd Lohrey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: December 13 1852 (Month) (Day) (Year)

7. AGE: 59 yrs. 7 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Williams Co Ohio

10. NAME OF FATHER: Henry Lohrey

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Finder Ann

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Lohry
(Address) Clearwater Ida.

15. Filed Aug 10 1912 Houston E Snyder Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1912, to Aug 10 1912 that I last saw h.im alive on Aug 10 1912 and that death occurred on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ..... yrs. ..... mos.

Contributory (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos.

(Signed) J.M. Verbeek M.D.

Aug 11 1912 (Address) Kooskia Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clearwater Cemet — DATE OF BURIAL: Aug 12 1912

20. UNDERTAKER: M.L. Bridgham — ADDRESS: Kooskia Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2870
Registered No. 67

1. PLACE OF DEATH.
County of Idaho
City of Kooskia
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 201
(No. ....., ... St.)

2. FULL NAME Naara Naoma Mutton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: March (Month) 7 (Day) 1840 (Year)

7. AGE: 72 yrs. 2 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) New York

10. NAME OF FATHER Ormend Hilton

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Sophia Hilton

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Emma Taylor
(Address) Kooskia Idaho

15.
Filed June 7 1912 Houston E Bryden
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1912, to June 2 1912, that I last saw her alive on June 1 1912, and that death occurred on the date stated above, at 4 a M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Senile debility and Insanity

..... (Duration) 25 yrs. ..... mos. ..... ds.

(Signed) J. M. Verbeck M. D.
June 2 19 12 (Address) Kooskia - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kooskia
DATE OF BURIAL: June 3 1912

20. UNDERTAKER: M. L. Bridgham
ADDRESS: Kooskia Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Tramgsville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1001
Primary Registration District No. 10
(No. ....., ... St.)

File No. 271
Registered No. 58
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hubert B Sewell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: August 4th 1888 (Month) (Day) (Year)
7. AGE: 24 yrs. ... mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Stockraising
(b) General nature of industry business or establishment in which employed (or employer): Ranch
9. BIRTHPLACE (State or Country): Pullman Wash
10. NAME OF FATHER: Addison D. Sewell.
11. BIRTHPLACE OF FATHER (State or Country): Oregon
12. MAIDEN NAME OF MOTHER: Sarah A Seat
13. BIRTHPLACE OF MOTHER (State or Country): Missouri
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M E Sewell
(Address) Lewiville Idaho.
15.
Filed aug 16 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August 13 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from aug 13 1912, to aug 13 1912 that I last saw him alive on aug 13 1912, and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) about 4 yrs. ... mos. ... ds.
Contributory (Secondary) Some lung condition
(Duration) about 6 yrs. ... mos. ... ds.
(Signed) G S Stockton M. D.
aug 14 1912 (Address) Tramgsville Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: John Days — DATE OF BURIAL: aug 16 1912
20. UNDERTAKER: W E Graham — ADDRESS: Tramgsville

IVMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001

File No. 273
Registered No. 68
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Vernon M Howe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 24 (Day) 1904 (Year)

7. AGE: 7 yrs. 10 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Treadwell, Douglas Dist Ala

10. NAME OF FATHER: N. J. Howe

11. BIRTHPLACE OF FATHER (State or Country): Kentsberg Ill

12. MAIDEN NAME OF MOTHER: Gladys A Miller

13. BIRTHPLACE OF MOTHER (State or Country): Des Moine Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. J. Howe
(Address) Grangeville Ida

15.
Filed Aug 24 1912 G. S. Hallin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1912, to Aug 23 1912 that I last saw him alive on Aug 23 1912, and that death occurred on the date stated above, at 6.00 P M.

The CAUSE OF DEATH* was as follows:
Result of an operation for Cystic tumor of the brain.
(Duration) about 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Warren M. D.
Aug 24 1912 (Address) Grangeville Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grangeville Ida — DATE OF BURIAL: Aug 23 1912

20. UNDERTAKER: W. E. Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Lincoln
City of Rupert (No. ....., ... St.)
Registration District No. 29
Primary Registration District No. 2015
File No. 274
Registered No. 13
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Roy Woodruff Adams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Nov. (Month) 25 (Day) 1875 (Year)
7. AGE: 36 yrs. 9 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Iowa
10. NAME OF FATHER: Milo K Adams
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Lucy A. Woodruff
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucy A Adams
(Address) Rex Perce
15.
Filed Sept 16 1912 W. R. Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. (Month) 10 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to Aug. 10 1912
that I last saw h immalive on Aug 9, 1912,
and that death occurred on the date stated above, at 8 a. M.
The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
(Duration) 2 yrs. ? mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. B Kinsey M. D.
Aug 15 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rupert Ida — DATE OF BURIAL: Aug. 30 1912
20. UNDERTAKER: H A Goodman — ADDRESS: Rupert

IVMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 945
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laura Harrison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 12 (Day) 1910 (Year)
7. AGE: 2 yrs. 0 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Iowa
10. NAME OF FATHER: R. S. Harrison
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Stella Gibson
13. BIRTHPLACE OF MOTHER (State or Country): Iowa
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. S. Harrison
(Address) Twin Falls
15.
Filed Aug 9 1912 J. T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 7 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1912, to Aug 7 1912
that I last saw h er alive on Aug 7 1912
and that death occurred on the date stated above, at 5-30 PM.
The CAUSE OF DEATH* was as follows:
Strychnine and Belladonna poisoning
..... (Duration) 1 hour mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Charles K. Scott M. D.
Aug 5 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I O F Cemetery — DATE OF BURIAL: Aug 9 1912
20. UNDERTAKER: P J Grossman — ADDRESS: I F

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2087
County of Twin Falls Primary Registration District No. 23
City of Burl (No. ....., ... St.)
File No. 2877
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Samuel Ship Thatcher.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 17 (Day) 1849 (Year)

7. AGE: 68 yrs. 1 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Amos Thatcher

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Indiana Stewart

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martha Thatcher
(Address) Burl, Idaho

15. Filed 8-22 1912 J. M. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Aug 21 1912
that I last saw him alive on 8-11 1912
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Cancer of Omentum

(Duration) about 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Nothing Known

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Murphy M. D.
8-21 1912 (Address) Burl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida
DATE OF BURIAL: 8-22 1912

20. UNDERTAKER: W B Evans.
ADDRESS: Burl Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 275
Registered No.

1. PLACE OF DEATH.
County of Twin Falls,
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Seth Tilman Willis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. ~~(Write the word.)~~: Single

6. DATE OF BIRTH: June 4th, 1910 (Month) 1 (Day) (Year)

7. AGE: 2 yrs. 2 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ore.

10. NAME OF FATHER: Earnest Willis

11. BIRTHPLACE OF FATHER (State or Country): Arizona

12. MAIDEN NAME OF MOTHER: Lillian Boswell

13. BIRTHPLACE OF MOTHER (State or Country): Arizona

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earnest Willis
(Address) Twin Falls Ida

15. Filed Aug 26 1912 John H Douglas Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 11 1912, to Aug 24 1912, that I last saw him alive on 24 Aug 1912, and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Dysentery

(Duration) ..... yrs. ..... mos. 13 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.T. Boyd M. D.
Aug 24 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: Aug 25 1912

20. UNDERTAKER: J Crosby — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & STRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2085

File No. 279

County of Twin Falls

City of Twin Falls (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hannah B. Pierson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (~~Write the word.~~)
Female	White	Married

6. DATE OF BIRTH: March 24th' 1864 (Month) (Day) (Year)

7. AGE: 48 yrs. 4 mos. 15 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisc.

10. NAME OF FATHER: T. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: C. Hanson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Pierson
(Address) Twin Falls, Ida.

15. Filed Aug 8 1912 John F. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4th 1912, to July 13th 1912, that I last saw h.e.r alive on July 13th 1912, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probable (Duration) 11 yrs. — mos. — ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Pike M. D.

8/8/1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: 8-9 1912

20. UNDERTAKER: C. F. Heroy. — ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
Registration District No. 24
County of Bear Lake
Primary Registration District No. 2090
City of St. Charles (No. ..... St.)
File No. 2880
Registered No. 36

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isaac Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: M. (Write the word.)

6. DATE OF BIRTH: June (Month) 20 (Day) 1858 (Year)

7. AGE: 54 yrs. 2 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Isaac Hill

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Hill
(Address) St Charles

15.
Filed Sept. 10 1912 J.W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Struck by Lightning
Killed instantly

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Had no physician M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Charles Ida. DATE OF BURIAL: Aug 29 1912

20. UNDERTAKER: None ADDRESS: None

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH: Registration District No. 24
County of Bear Lake Primary Registration District No. 2098
City of Montpelier (No. ....., ... St.)
File No. 2-1
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Emma Jones

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: June (Month) 19 (Day) 1834 (Year)

7. AGE: 78 yrs. 2 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Geo. Collier

11. BIRTHPLACE OF FATHER (State or Country): Wales England

12. MAIDEN NAME OF MOTHER: Rebecca Rich

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Jones
(Address) Montpelier

15. Filed Oct. 4 1912 J. W. Hengwood Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1912, to Aug 15 1912
that I last saw h.r alive on 15th 1912
and that death occurred on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH was as follows:
(Asphyxia) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) D. W. Poyner M. D.
Aug 16 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 41 yrs. ..... mos. ..... ds. In the State 41 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier — DATE OF BURIAL: 8-17 1912

20. UNDERTAKER: Vincent — ADDRESS: City.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 24

County of Bear Lake Primary Registration District No. 2098

City of Montpelier (No. ..... St.)

File No. 2552

Registered No. 35

If death occurred away from usual residence, give facts called for under special information

2. FULL NAME Anna Buchmann

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: Nov. (Month) 13th (Day) 1844 (Year)

7. AGE: 68 yrs. 7 mos. 26 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Earnest Blaser
(Address): Montpelier

15.
Filed Sept 10 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1912, to Aug 8 1912
that I last saw h[illegible] alive on Aug 7 1912
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows: Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo F. Parker M. D.
Aug 9 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. ..... mos. ..... ds. In the State 7 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Montpelier Idaho
Former or usual residence: Switzerland

19. PLACE OF BURIAL OR REMOVAL: Montpelier DATE OF BURIAL: 8-10-1912

20. UNDERTAKER: None ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 29

Primary Registration District No. 2015

File No. 2883

Registered No. 15

County of Lincoln

City of Rupert (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James H Dunn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 11 (Day) 1868 (Year)

7. AGE: 43 yrs. 7 mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: S. S. Dunn

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. ~~MAIDEN NAME~~ OF ~~MOTHER~~: Att M S Dunn

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Dunn
(Address) .....

15.
Filed Sept 2, 1912 D R Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1912, to ..... 191..., that I last saw h~~im~~ alive on Aug 3 1912 and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
.....
.....
Sudden (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C H Scott M. D.
Aug 16 1912 (Address) C H Scott

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rupert Cemetery — DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: H. A. Goodman — ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 29

County of Cassia

Primary Registration District No. 2015

City of Burley

(No. ....., ... St.)

File No. 2884

Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	

6. DATE OF BIRTH

July (Month) 6 (Day) 1912 (Year)

7. AGE

..... yrs. ..... mos. Still Born ds.

IF LESS than 1 day how many ..5.. *hrs. or* ..... *mins.?*

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho Cassia Lincoln Co

10. NAME OF FATHER August Schroder

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Calvin Fouts

(Address) Cassia

15.

Filed Sept 21 1912 V. R. Killeen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

July (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

.....

No Physician

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State .....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rupert Cemetery	July 7 1912
20. UNDERTAKER	ADDRESS
W. G. Goodman	Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 29

Primary Registration District No. 2015

File No. 2885

County of Lincoln

City of Acequia (No. ....., ... St.)

Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Evelena Spear

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 14 (Day) 1892 (Year)

7. AGE: 20 yrs. 5 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Frank Spear

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Clara Hartman

13. BIRTHPLACE OF MOTHER (State or Country): Hailey Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed Sept 21 1912 W. R. Kilbu
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 20 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Over dose of Chl Tonay

45 Minutes

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Hagley Casting Co. M. D.

19..... (Address) Rupert Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lima Montana | DATE OF BURIAL: June 22 191 2

20. UNDERTAKER: W. A. Goodman | ADDRESS: Rupert

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 4
County of Adams Primary Registration District No. 20 11
City of Cambridge (No. ....., ... St.)
File No. 2886
Registered No. 77

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Eccles

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 2. (Day) 1840 (Year)

7. AGE: 72 yrs. 2 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Samuel Eccles

11. BIRTHPLACE OF FATHER (State or Country): Unknown.

12. MAIDEN NAME OF MOTHER: Johanie Leick

13. BIRTHPLACE OF MOTHER (State or Country): Unknown.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Cambridge Ida.

15. Filed July 3 1912. C E Schenck Local Registrar
Frank E Brown

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Haemorage of Lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W Wyman M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Cambridge Ida.

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida. DATE OF BURIAL: June 30 1912

20. UNDERTAKER: James Hardeman ADDRESS: Cambridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of Council
(No. ..... St.)
Registration District No. 4
Primary Registration District No. 2011
File No. 2887
Registered No. 12
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thos McCaffrey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Me	wht	? ?

6. DATE OF BIRTH ? 1 ?
(Month) (Day) (Year)

7. AGE 57 yrs. ? mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Laborer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) ?

10. NAME OF FATHER ?

11. BIRTHPLACE OF FATHER (State or Country) ?

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank E. Brown
(Address) County Physician

15.
Filed 7-18 1912 Frank E Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH ? 7 — 16 — 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
By Post Mortem
Strangulated Hernia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or
usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Council	7-18 1912

20. UNDERTAKER	ADDRESS
Robt. Young	Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of Council
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 40
Primary Registration District No. 20 11
(No. ....., ... St.)

File No. 2888
Registered No. 13
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ben Shaw

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 16 (Day) 1866 (Year)

7. AGE: 46 yrs. — mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Henry Shaw

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Mary Peck

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Ben Shaw.
(Address) Council Idaho

15.
Filed June 23 1913 Frank E Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 21 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19 1913 to July 21 1913 that I last saw him alive on July 20 1913, and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Fracture of base of R Femur
Shock by Shock

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E Brown M. D.
9-1-1913 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Council
DATE OF BURIAL: July 22 1913

20. UNDERTAKER: Robb Young
ADDRESS: Council

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 4
County of Adams Primary Registration District No. 20 11
City of Indian Valley (No. ....., ... St.)
File No. 2880
Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. G. Woods

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	wht	Married

6. DATE OF BIRTH: Nov. (Month) 30 (Day) 1880 (Year)

7. AGE: 31 yrs. 7 mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Elijah Woods

11. BIRTHPLACE OF FATHER (State or Country): Ala

12. MAIDEN NAME OF MOTHER: Elizabeth Baker

13. BIRTHPLACE OF MOTHER (State or Country): Ark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Blan Woods
(Address) Indian Valley

15.
Filed 18 July 191 2 Frank E Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1912, to ..... 191.., that I last saw him alive on June 25 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E Brown M. D.
7-18 1912 (Address) Council

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Indian Valley — DATE OF BURIAL: 7-16 1912

20. UNDERTAKER: Robt Young. — ADDRESS: Council

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise

Registration District No.
Primary Registration District No. 2051
(No. , St.)

File No. 2800
Registered No. 112

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. Harriet Walker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1837 (Year)

7. AGE: 60 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: H W
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ind

10. NAME OF FATHER: Unk

11. BIRTHPLACE OF FATHER (State or Country): Unk "

12. MAIDEN NAME OF MOTHER: Unk

13. BIRTHPLACE OF MOTHER (State or Country): Unk

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daughter
(Address)

15. Filed 8/10 1912

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1912, to Aug 12 1912
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Angina Pectoris
Duration but Once
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D W Brennan M. D.
Aug 12 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Boise
DATE OF BURIAL: Aug 13 1912

20. UNDERTAKER: Reed
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Kootenai Primary Registration District No. 2051
City of Rathdrum (No. ....., ... St.)
File No. 2891
Registered No. 111

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Vera Rice

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): S

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1911 (Year)

7. AGE: ..... yrs. ..... mos. 15 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Rathdrum Idaho

10. NAME OF FATHER: Jim Rice

11. BIRTHPLACE OF FATHER (State or Country): Ida

12. MAIDEN NAME OF MOTHER: Emard

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father
(Address) .....

15. Filed 9/10 191 1 D. D. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 20 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 191 ..., to ..... 191 ....
that I last saw h..... alive on ..... 191 ....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Had no Physician
Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Premature 6½ months
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. D. Brennan M. D.
..... 19 .... (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds.
In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum
DATE OF BURIAL: Aug 21 191 2

20. UNDERTAKER: Rabo & Son
ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. 1003
(No. ..... St.)

File No. 2892
Registered No. 110
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joseph J. Burke

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Single (Write the word.)

6. DATE OF BIRTH
Aug (Month) 18 (Day) 1887 (Year)

7. AGE
30 yrs. 6 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Telegraph Operator
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Wash

10. NAME OF FATHER Joseph Burke

11. BIRTHPLACE OF FATHER
(State or Country) Australia

12. MAIDEN NAME OF MOTHER Mary A Curtain

13. BIRTHPLACE OF MOTHER
(State or Country) San Francisco Calif.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adonis Thiede
(Address) 2122 Gardner Ave Spokane Wn

15.
Filed 9/10 1912 D. O'Neuman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
August (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1912, to Aug. 31 1912, that I last saw him alive on Aug. 31. 1912, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:
Diabetic Coma.

(Duration) ~~1~~ yrs. mos. 2 ds.
Contributory (Secondary) Diabetes.
(Duration) Unknown ds.
(Signed) John J. Wood M. D.
Sept 1 1912 (Address) Coeur d Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Portland Ore.
DATE ~~OF BURIAL~~ Removal: Sept 1 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Joe

Registration District No.
Primary Registration District No. 2049
(No. , St.)

File No. 2893
Registered No. 109

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thos Allard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dont Know. (Month) (Day) 1 (Year)

7. AGE: Dont Know yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Dont Know

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Have no informant
(Address)

15. Filed 9/10 191 7 W D Brummett Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 29 (Month) (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Violent death. Cerebral hemorrhage.
Died two hours.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H L Lindsay M. D.
..... 19... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Aug 30 191 2

20. UNDERTAKER: H L Mudcahy
ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2894
Registered No. 108

1. PLACE OF DEATH. Registration District No. 2118 14
County of Latah Primary Registration District No. 2118
City of Desmet Mission No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen L Reuben

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Femal	Indian	

6. DATE OF BIRTH: Aug (Month) 25 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 4 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Naud
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Coeur d Alene

10. NAME OF FATHER: Joe Adams

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Annie Paul

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grandmother
(Address) Desmet Idaho

15. Filed Sept. 1 1912 Mrs. D. Linder Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
No physician. Pla
Kidney was Transmature

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Leonard M. D.
Sept 1 1912 (Address) Desmet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: Sept 1 1912

20. UNDERTAKER: None ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D' Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. 1003
(No. 10½, Mountain Ave St.)

File No. 2895
Registered No. 107
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Amos Askley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	widowed

6. DATE OF BIRTH
Nov. (Month) 7 (Day) 1880 (Year)

7. AGE
31 yrs. 9 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER J. J. Askley

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER S. J. Wood

13. BIRTHPLACE OF MOTHER (State or Country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D Eashler
(Address) 10½ Coeur D'Alene Ave

15.
Filed 9/10 1917 L. A. Breneman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
August (Month) 26th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7th 1917, to Aug 26th 1917, that I last saw him alive on Aug 26th 1917, and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Hemorrhage from bowels complicating Typhoid fever
(Duration) ..... yrs. ..... mos. 29 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Hunter M. D.
8/27 1917 (Address) Coeur d'alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. DATE OF BURIAL: Aug 28 1917

20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2118 12
County of Latah Primary Registration District No. 2118
City of Deary (No. ....., ... St.)

File No. 2896
Registered No. 106

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Daniel Alexander

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Indian	

6. DATE OF BIRTH: January — 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. 3 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Naud
(b) General nature of industry business or establishment in which employed (or employer): [illegible]

9. BIRTHPLACE (State or Country): Kalispell, Mont

10. NAME OF FATHER: Andrew Alexander

11. BIRTHPLACE OF FATHER (State or Country): Kalispell, Mont.

12. MAIDEN NAME OF MOTHER: Bessie

13. BIRTHPLACE OF MOTHER (State or Country): Kalispell

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) The Father
(Address) Kalispell, Mont.

15. Filed Aug. 24 1912 W. J. Fowler Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Given by Father as
Diarrhoea

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Not known
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. R. Leonard M. D.
Aug 24 1912 (Address) Deary, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Deary-Riverview — DATE OF BURIAL: Aug 24 1912

20. UNDERTAKER: Moon — ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

9/10/12 D D Brown

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Benewah
City of Benewah

Registration District No. ~~2118~~ 12
Primary Registration District No. 2118
(No. ....., ... St.)

File No. 2807
Registered No. 105

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Lindsey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 30 (Day) 1904 (Year)

7. AGE: 8 yrs. ..... mos. 27 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Jos Nadar

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Anna Mushel

13. BIRTHPLACE OF MOTHER (State or Country): Denmark Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) The Father
(Address) .....

15. L. A. Freeman M.D.
Filed ~~Dec~~ Aug 12 1912 Wm. J. Kinder Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Was a physician in Spokane attended boy and told parents the disease (Duration) ~~1 week~~ ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Typhoid
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Leallard M. D.
Aug 24 1912 (Address) Desmet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet Mission
DATE OF BURIAL: Aug 24 1912

20. UNDERTAKER: .....
ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 14
Primary Registration District No. 1013
(No. ....., ... St.)

File No. 2898
Registered No. 104

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward W Beals

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1883 (Year)

7. AGE: 73 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W Lyn
(Address) 316 Lincoln St

15. Filed Sept 10 1917 D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 22 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug 22 1917 that I last saw him alive on Aug 22 1917 and that death occurred on the date stated above, at 1230 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

..... (Duration) 1 yrs. 6 mos. ..... ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Dyer M. D.
..... 19..... (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C'd'A — DATE OF BURIAL: Aug 24 1917

20. UNDERTAKER: D J Lewis — ADDRESS: City

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

14

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2899

Registered No. 103

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Kootenai

City of C. d. A.

Registration District No.

Primary Registration District No. 1003

(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant newington ob Gus Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	W	Single

6. DATE OF BIRTH

(Month) (Day) 1911 (Year)

7. AGE

1 yrs. mos. ds.

IF LESS than 1 day how many hrs. or min?

8. OCCUPATION

(a) Trade, profession or particular kind of work —

(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER John Johnson

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Agnes Wettenstrom

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gus Johnson

(Address) Turner Bay

15.

Filed 9/10 1912 D. D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Aug (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191..., to 191...

that I last saw h[illegible] alive on 191...

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Case was seen by me only after death - Believe the case to have been Cholera infantum

(Duration) yrs. mos. One ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Boyle M. D.

Aug 21 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Turner Bay

DATE OF BURIAL Aug 22 1912

20. UNDERTAKER

ADDRESS Cda

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of C d A (No. ....., ... St.)
File No. 2900
Registered No. 102

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nels Nesby

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE:
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1873 (Year)

7. AGE: 37 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: John Nesby

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Davidson
(Address) 607 7th St

15. Filed 9/10 1917 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 2 (Day) 20 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1917, to Aug 1917 that I last saw him alive on Aug 1 1917 and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Anterior Polio Myelitis

..... (Duration) ..... yrs. 5 mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J O Wagner M. D.

Aug 21 1917 (Address) Coeur d'Alene, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Lawn C d A — DATE OF BURIAL: Aug 23 1917

20. UNDERTAKER: J J Jones — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

CERTIFICATE OF DEATH

Form V. S. No. 5 20M.1-16-12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2901

Registered No. 101

If death occured in a hospital or institution or camp, give its name instead of street and number.

1. **PLACE OF DEATH.** Registration District No. 3

County of Kootenai — Primary Registration District No. .....

City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Allen Parker

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** Male

4. **COLOR OR RACE** White

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** Single (Write the word.)

6. **DATE OF BIRTH** ..... (Month) ..... (Day) 1860 (Year)

7. **AGE** 52 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. **OCCUPATION**
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) England

10. **NAME OF FATHER** —

11. **BIRTHPLACE OF FATHER** (State or Country) England

12. **MAIDEN NAME OF MOTHER** —

13. **BIRTHPLACE OF MOTHER** (State or Country) England

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Ludwig Benson

(Address) Micaf Idaho

15. Filed 9/10 191 7 A. L. Stevens Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** August (Month) 16 (Day) 1912 (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from Feb. 1912, to Aug. 15 1912, that I last saw him alive on Aug. 15 1912, and that death occurred on the date stated above, at 7 P. M.

The **CAUSE OF DEATH*** was as follows:

Tuberculus meningitis

(Duration) Unknown mos. ..... ds.

Contributory (Secondary) Pulmonary tuberculosis

(Duration) ..... yrs. 7 mos. ..... ds.

(Signed) John D. Ward M. D.

Aug 16 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Forest Cem. C d A. **DATE OF BURIAL** 8/17 1912

20. **UNDERTAKER** Cassedy & Nelson **ADDRESS** Coeur d'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

County of Kootenai — Primary Registration District No. Lincoln 1003

City of Coeur d. Alene. (No. 1070, First St.)

File No. 2902

Registered No. 100

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Minnie Inez Blair.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married.

6. DATE OF BIRTH

May (Month) 5 (Day) 1869 (Year)

7. AGE

43 yrs. 3 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Housewife

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Iowa.

10. NAME OF FATHER J. W. Blair.

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Mary Belver

13. BIRTHPLACE OF MOTHER (State or Country) Iowa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. E. Blair

(Address) 1070 - 1st.

15.

Filed 8/10 191[illegible] D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Aug. (Month) 11 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th 191[illegible], to Aug 11th 191[illegible], that I last saw her alive on Aug 10th 191[illegible] and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows: Cancer.

Stomach

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Stumbs M. D.

19..... (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cemetery	Aug 12 - 191[illegible]

20. UNDERTAKER	ADDRESS
Cassidy & Nelson.	Coeur D' Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. Four 17
Primary Registration District No. Four 1002
File No. 2903
Registered No. 99

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d' Alene
(No. 910, Fourth St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Bernice Dorsay Rowland.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: January (Month) 16 (Day) 1911 (Year)

7. AGE: 1 yrs. 7 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Herman P. Rowland

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Winnie May Young

13. BIRTHPLACE OF MOTHER (State or Country) Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman P. Rowland
(Address) 910-4th St Coeur d'Alene

15.
Filed 9/10 1912 J. D. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1912, to Same 1912, that I last saw h[illegible] alive on Aug. 9 1912 and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows: Acute Gastro Enteritis.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D Wood M. D.
Aug 9 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence..... Removal

19. PLACE OF BURIAL OR REMOVAL: Oregon City Ore. DATE OF ~~BURIAL~~: Aug 12 1912

20. UNDERTAKER: Cassidy & Nelson ADDRESS: Coeur D Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2904

Registered No. 98

1. PLACE OF DEATH.

County of Kootenai

City of Spirit Lake (No. ....., ... St.)

Registration District No. .....

Primary Registration District No. 2051

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frances Irene Hodgen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Inf

6. DATE OF BIRTH: December 6th 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. 8 mos. 21 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Spirit Lake Idaho

10. NAME OF FATHER: Stanley E. Hodgen

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Gertrude Alexander

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stanley E. Hodgen
(Address) Spirit Lake Ida

15. Filed 9/10 1912 D. D. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 27 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 a.m. 1912, to Aug 27 P.M. 1912, that I last saw her alive on Aug 27 1912, and that death occurred on the date stated above, at 11 0 M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Entero-Colitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Harris S. Moore M. D.

Aug 28 1912 (Address) Spirit Lake

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake — DATE OF BURIAL: 8/28 1912

20. UNDERTAKER: Klopf — ADDRESS: Pasadena

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

N #6

Form V. S. No. 5. 12½M.7-24-11

[redacted]ATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene

Registration District No. 2
Primary Registration District No. 2051
(No. ....., ... St.)

File No. 2905
Registered No. 88

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Dafford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) 1 (Day) 1884 (Year)

7. AGE: 28 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno. W. Dafford
(Address) Coeur d'Alene - Ida -

15.
Filed 8/10 1912
L. L. Thomsen
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August - 8th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 8 1912, to 191
that I last saw her alive on Aug 8th 1912
and that death occurred on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 3 yrs. ..... mos. ..... ds.
Contributory (Secondary) Mitral regurgitation
..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Harrison S. Mapes M. D.
Aug - 9 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Coeur d'Alene, Ida.
DATE OF BURIAL: Aug 11th 1912

20. UNDERTAKER: G. R. Day
ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 1053
File No. 2906
Registered No. 87

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John J. Wolf

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: May (Month) 17 (Day) 1848 (Year)

7. AGE: 64 yrs. 2 mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... m.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Scales
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Dayton Ohio

10. NAME OF FATHER: Wolf

11. BIRTHPLACE OF FATHER (State or Country): U. S.

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J J Wolf
(Address) Coeur D' Alene

15.
Filed 8/10 1912 W. H. Hausman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: John J Wolf 1912
(Month) Aug (Day) 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9 AM Aug 7th 1912, to 7:30 PM Aug 7 1912, that I last saw him alive on 5:00 PM aug 7 1912, and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris

(Duration) — yrs. — mos. 1 ds.

Contributory (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) J H Hedden M. D.
Aug 8 1912 (Address) Coeur d alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem.
DATE OF BURIAL: Aug. 10 1912

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1063
City of C. d'A. (No. ....., ... St.)
File No. 2907
Registered No. 86

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Samuel Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1834 (Year)

7. AGE: 78 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Comrade
(Address) C d A

15. Filed 8/10 1912 H. H. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1912, to Aug 4th 1912, that I last saw h[illegible] alive on Aug 4th 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arteriosclerosis.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Dunn Shepherd M. D.
Aug 7 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Interment C d A — DATE OF BURIAL: Aug 1912

20. UNDERTAKER: S J Linn — ADDRESS: C d A

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 1053
(No. ....., ... St.)

File No. 2908
Registered No. 65
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frank Russell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1827 (Year)

7. AGE
85 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Main

10. NAME OF FATHER Russell

11. BIRTHPLACE OF FATHER (State or Country) ✓

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Horner
(Address) C D'A

15.
Filed 8/10 1912 S P Rasmussen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Aug. (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1912, to Aug. 4 1912, that I last saw h im alive on Aug 3 1912, and that death occurred on the date stated above, at 4 9 M.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic myocardial insufficiency

..... (Duration) ..... yrs. 6 mos. ..... ds.
(Signed) John Elwood M. D.
..... 19 ..... (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2909
Registered No. 84

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2051
City of Spirit Lake (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Louise Rider

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: June 30th (Month) (Day) 1878 (Year)
7. AGE: 34 yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Canada
10. NAME OF FATHER: Thomas Savoy
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Zoa Barrett
13. BIRTHPLACE OF MOTHER (State or Country): France
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Farrier
(Address) Spirit Lake
15.
Filed Aug 10 1912 — M. L. Sherman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 2 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 28 1912, to Aug 1 1912
that I last saw her alive on Aug 1 1912
and that death occurred on the date stated above, at 12 05 M.
The CAUSE OF DEATH* was as follows: Aug 2 - 1912

Cholecystitis Operation
Death from Heart Failure following operation
(Duration) Hours yrs. — mos. — ds.
Contributory (Secondary)
(Duration) — yrs. — mos. 2 ds.

(Signed) Carl S Parish M. D.
Aug 3 1912 (Address) Spirit Lake Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake — DATE OF BURIAL: 8/13 1912
20. UNDERTAKER: H. H. Cox — ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2104 5
Primary Registration District No. 2104
File No. 2011
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Lundquist

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	married

6. DATE OF BIRTH — — — 1 —
(Month) (Day) (Year)

7. AGE 56 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: timber worker
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Finland

10. NAME OF FATHER not given

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Jervis
(Address) Wallace

15. Filed Sept 8 1917 Chas. C. Dettman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Aug 25 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...
and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:
Murdered by gunshot wound through neck

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. C. Dettman M. D.
Sept 4 1917 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Wallace Ida — DATE OF BURIAL Sept. 1st 1917

20. UNDERTAKER B.G. Worstell — ADDRESS Wallace

Coroner Case

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2409 25
County of Shoshone Primary Registration District No. 2109
City of Burke Id (No. ....., ... St.)
File No. 2911
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Steven K. Hensley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE: 38 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry business or establishment in which employed (or employer): worked in mines

9. BIRTHPLACE (State or Country): Not given

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Deputy M C Mullen
(Address) Wallace

15. Filed Sept 8 1917 Dr. Chas. A. Dittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
June (Month) 8 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Acute Alcoholism
Found dead in bed
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Fatty degeneration of heart
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Charles A. Dittman M. D.
June 9 1917 (Address) Burke Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Deer Lodge, Mont. DATE OF BURIAL: June 10 1917

20. UNDERTAKER: B. B. Norcutt ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Coroner Case

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 25
County of Shoshone Primary Registration District No. 2109
City of Mace (No. ....., ... St.)
File No. 2912
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm A. Cobb

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 30 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): quartz mine

9. BIRTHPLACE (State or Country): London England

10. NAME OF FATHER: Wm Cobb

11. BIRTHPLACE OF FATHER (State or Country): Essex County

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Caldwell
(Address) Wardner Ida

15.
Filed Sept 20 1912 Dr Chas. C. Dittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH June 14 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Electrocution in Standard mine at Mace

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. C. Dittman M. D.
Sept 20 1912 (Address) Wardner Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kellogg Ida. DATE OF BURIAL: June 18 1912

20. UNDERTAKER: [redacted] ADDRESS: Wallace

[redacted] Coroner Case

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOI

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 33

County of Bingham

Primary Registration District No. 3152

City of Shelley

(No. ....., ... St.)

File No. 2914

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lawrence Elmer Fielding

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Sept. 28, — 1909
~~August~~ 4 — 191~~2~~
(Month) (Day) (Year)

7. AGE 2 yrs. 10 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Russellville Utah.

10. NAME OF FATHER Jas. H. Fielding

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Eliza Mayberry.

13. BIRTHPLACE OF MOTHER (State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H Fielding
(Address) R-D #1 Shelley Idaho

15.
Filed 8-4- 191~~2~~ Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
August 4 — 191~~2~~
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July-15- 191~~2~~, to Aug 3 — 191~~2~~,
that I last saw h... alive on 8-3- 191~~2~~,
and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Indigestion

(Duration) ..... yrs. ..... mos. 15 — ds.

Contributory —
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin Cutler M. D.
8-4-191~~2~~ (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Taylor	8-5- 191~~2~~

20. UNDERTAKER	ADDRESS
None	—

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 2004

File No. 2014

County of Ada

City of So Boise (No. So Boise St.)

Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Hauck

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 2nd (Day) 1912 (Year)

7. AGE: — yrs. — mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... none
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): So. Boise Idaho

10. NAME OF FATHER: John Hauck

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: ~~Augusta Sholt~~ Ada Fuller

13. BIRTHPLACE OF MOTHER (State or Country): ~~Germany~~ Kans

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J Hauck
(Address) So. Boise, Ida.

15.
Filed Sept. 4 1912
C E McCornack Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 — 1912, to Sept 3 — 1912, that I last saw him alive on Sept 2 — 1912 and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Incubation

— (Duration) — yrs. — mos. — 1 ds.

Contributory (Secondary) —

— (Duration) — yrs. — mos. — ds.

(Signed) M Allen Cullivan M. D.

9-4 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence So. Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/5 1912

20. UNDERTAKER: Schrieber & Lidenfelser | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Sept. 5. 1912. G. E. Shaw Dr Calloway

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of S Boise (No. So., Boise St.)

File No. 2915

Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Egder Louse Kaufman.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sep. 5 (Month) (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or 10 mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): South Boise.

10. NAME OF FATHER: Charles R. Kaufman

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: Beulah L. Perkins

13. BIRTHPLACE OF MOTHER (State or Country): Reno

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles R. Kaufman
(Address) South Boise.

15. Filed Sept. 7 1912 Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 5 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/5 191 , to 9/5 191 , that I last saw h alive on 9/5 191 , and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
premature Birth

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. S. Williamson M. D.

9/6 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence So. Boise

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery | DATE OF BURIAL: 9/7 1912

20. UNDERTAKER: Schreiber & Liedtfadem | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Sept 8, 1912 G. E. Shawhan Geo. M. O'Connell

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of Boise (No. 601 School Dist St.)

File No. 2916

Registered No. 53

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary M. Moss

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: Aug (Month) 8 (Day) 1844 (Year)

7. AGE: 68 yrs. 1 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: Jos. Farmer

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Mary Buchanan

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie Weaver

(Address) Boise Ida

Filed Sept 12 1912 Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1912; to Sept 12 1912; that I last saw h[illegible] alive on Sept 12 1912, and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia and
apoplexy

(Duration) yrs. mos. 5 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Boeck M. D.

Sept 12 1912 (Address) Boise Idaho

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/13 1912

20. UNDERTAKER: Eckert & Sidenfaden | ADDRESS: Boise

Sept 13, 1912 G. E. Shawhan C. S. M. Coroner Mary McConnel

SYMS - YORK CO. PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. Soldiers' Home St.)

File No. 2917
Registered No. 54
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Harvey S. Root.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable 1— (Month) (Day) (Year)

7. AGE: 77 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Veteran
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not Obtainable

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Burnett
(Address) Soldiers' Home

15.
Filed Sept. 16, 1912 E. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 14 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1912, to Sept 14 1912, that I last saw him alive on Sept 13 1912, and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Caseous of Heart.

(Duration) 2 yrs. mos. ds.

Contributory (Secondary)

(Duration) ~~2~~ yrs. mos. ds.

(Signed) Fred A. Gilbert M. D.

9/14 1912 (Address) Salt Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cem. DATE OF BURIAL: Sept 16 1912

20. UNDERTAKER: Fry & Summers ADDRESS: 154 Jeff

Boise Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2918

Registered No. 955

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

City of —

(No. Beech, St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kenneth Cushman Shaffner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. (Month) 29 (Day) 1911 (Year)

7. AGE: — yrs. 11 mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ada County Idaho

10. NAME OF FATHER: Jno F Shaffner

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Mary Hawson

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. F. Shaffner

(Address) Beech

15.

Filed Sept 18 1912 G E Thornton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1911, to Sept 18 1912, that I last saw h~~e~~ alive on Sept 17 1912, and that death occurred on the date stated above, at 12:30 M.

The CAUSE OF DEATH* was as follows:

Coma uremia
Medical Regulation Coma uremia

(Duration) ..... yrs. 11 mos. 18 ds.

Contributory (Secondary) Acute Bronchitis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W H Tuberg M. D.

Sept 18 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemt — DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: Keyes Summers — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

Primary Registration District No. 2004

File No. 2919

County of Boise

City of South Boise (No. 1 1/2, E Oakland St.)

Registered No. 56

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elmer J. Adkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Sept (Month) 7 (Day) 1912 (Year)

7. AGE

— yrs. — mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) South Boise

10. NAME OF FATHER J. W. Adkins

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Allie Flemming

13. BIRTHPLACE OF MOTHER (State or Country) Oregon.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Adkins

(Address) Boise

15.

Filed Sept 18 1912

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

9 (Month) — 18 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1912, to Sept 18 1912, that I last saw him alive on Sept 11 1912, and that death occurred on the date stated above, at 9a M.

The CAUSE OF DEATH* was as follows:

Uraemia and Hemorrhage

(Duration) — yrs. — mos. 1 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Allen Coffman M. D.

9-18 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery	9/18 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

Sept 19, 1912 G. E. Shawhan & M. Coffman Attending Physicians.

SYMS - YORK CO., STEL. & PRTG. 1978

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

Primary Registration District No. 2004

File No. 2920

County of Ada

City of So Boise

(No. East, 5 th St.)

Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Melvin Ryals

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 16th (Day) 1910 (Year)

7. AGE: 2 yrs. 2 mos. 2 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): May, Idaho.

10. NAME OF FATHER: Chas Ryals

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Elsie Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Ryals
(Address) So. Boise, Idaho.

15.
Filed Sept. 19 1912 Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from .....191..., to .....191..., that I last saw h.....alive on .....191..., and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

.....(Duration) .....yrs. .....mos. 7 ds.

Contributory (Secondary) Toxaemia

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) John Burke M. D.

9-19 1912. (Address) Boise Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence So. Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/20 1912

20. UNDERTAKER: Schreiber & Siderfaden | ADDRESS: Boise, Ida.

SYMS - YORK CO. PTRS. & BDRS. 19760

Sept 21/1912 C. L. McConnel E. E. Stineman

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2921
Registered No. 58
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Meridian
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003

2. FULL NAME Catherine Elizabeth Richey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Jan (Month) 15th (Day) 1864 (Year)

7. AGE: 48 yrs. 7 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bedf. Co., Pa.

10. NAME OF FATHER: David Young

11. BIRTHPLACE OF FATHER (State or Country): Bedf. Co., Pa.

12. MAIDEN NAME OF MOTHER: Hannah Evans

13. BIRTHPLACE OF MOTHER (State or Country): Bedf. Co. Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. H. Reglay
(Address) Kuna, Ida

15. Filed Sep-7- 1912 C L Dutton Local Registrar
Oct. 7, 1912. G. E. Sturdevan

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 2 (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July-6-1912, to Aug-31st 1912, that I last saw her alive on August-31st 1912, and that death occurred on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH* was as follows: Tuberculer Peritonitis

(Duration) — yrs. 4 mos. — ds.

Contributory (Secondary) Possibly tuberculer bowels

(Duration) 1 yrs. — mos. — ds.

(Signed) C. L. Dutton M. D.

Sep-7-1912 (Address) Meridian Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kuna
DATE OF BURIAL: Sept 4 1912

20. UNDERTAKER: J. H. Edgar
ADDRESS: Kuna.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS, BOISE 1912

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1
Primary Registration District No. 2003
File No. 2922
Registered No. 59

1. PLACE OF DEATH.
County of Ada
City of Meridian (No. R.D. #1. St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ellen McMullen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 22 (Day) 1857 (Year)

7. AGE: 55 yrs. 1 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Clarinda Iowa

10. NAME OF FATHER: Hezikeh Sachenbaum

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Rachel Miller

13. BIRTHPLACE OF MOTHER (State or Country): Ill —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ray Parker
(Address) Meridian Idaho

15. Filed Sept 21st 1912 C. L. Boulton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1912, to Sept 20 1912 that I last saw her alive on Sept 20 1912, and that death occurred on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:
Asthma
12 (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Rice M. D.
Sept 21 1912 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 9-22 1912

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Oct. 7, 1912 E. E. Shewman

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2923

Registered No. 60

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. Soldiers Home St.)

2. FULL NAME Marion G. Dunn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: American White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable
(Month) (Day) (Year)

7. AGE: 71 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Veteran
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not obtainable

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E G Burnett
(Address) Soldiers Home

15.
Filed Oct 9, 1912 G. E. Shawhan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct (Month) 9th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1906, to Oct 9 1912, that I last saw him alive on Oct 8 1912, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

General Paresis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A. Tallman M. D.

10/9 1912 (Address) Salt Lake City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery
DATE OF BURIAL: Oct 10 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2021

Registered No. 62

1. PLACE OF DEATH. Registration District No. 1

County of Ada Primary Registration District No. 2004

City of Boise (No. Soldiers Home St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Davenport

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not obtainable (Month) (Day) (Year)

7. AGE: 81 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Veteran
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not obtainable

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. A. Burnet

(Address) Soldiers' Home

15.

Filed Oct. 12, 1912 E. E. Shawhan Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10 (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 1906, to Oct 11 1912

that I last saw h-- alive on Oct 11 1912

and that death occurred on the date stated above, at 8 30 P. M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A. Pittenger M. D.

10/12 1912 (Address) Falk Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery — DATE OF BURIAL: Oct 13 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CE[redacted]TE OF

1. PLACE OF DEATH.

Registration Dis[redacted] 2

Bureau of Vital [redacted]

County of Ada

Primary Registra[redacted]trict No. 1004

File No. 2925

City of Boise

(No. 1501, [redacted] 12th St.)

Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Helga [redacted]tein Johnston

PERSONAL AND STATISTICAL PARTICULA[redacted]

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRI[redacted] OWED OR DIVO[redacted]: Marrie[redacted] (Write the wo[redacted])

6. DATE OF BIRTH: Aug (Month) 22 (Day) 1[redacted]

7. AGE: 47 yrs. 0 mos. 21 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Freldlend Stein

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Duncan Johnston

(Address) Boise

15.

Filed Sept 14 1912 Gay McDonnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1912, to Sept 13 1912, that I last saw h[redacted] alive on Sept 13 1912, and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) # yrs. # mos. 1 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. L. Glasscock M. D.

9/14 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 1501 N. 12th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/15 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2

Primary Registration District No. 1004

(No. 519, Franklin St.)

File No. 2928

Registered No. 54

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George Pettengill

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 13th (Month) (Day) 1833 (Year)

7. AGE: 80 yrs. 3 mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Hampshire

10. NAME OF FATHER: Mr Pettengill

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Quimby (Mrs)

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B O Pettengill
(Address) Boise Ida

15. Filed Sept. 6 1912 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30th 1912, to Sept 5th 1912, that I last saw him alive on Sept 5 1912, and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. ds.

Contributory (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) H W Smith M. D.

9/6 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ....yrs....mos....days. In the State....yrs....mos....days.
St Lukes Hospital
Where was disease contracted if not at place of death?
Former or usual residence 519 Franklin St

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: 9/7 1912

20. UNDERTAKER: Schreiber & Liebensaden — ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

County of Ada

Primary Registration District No. .....

File No. 2929

City of Boise (No. 712 W. Franklin St.)

Registered No. 642

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gustav Adolph Feistner

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

19th of Oct. 1881
(Month) (Day) (Year)

7. AGE

30 yrs. 10 mos. 26 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Johnson Nebr.

10. NAME OF FATHER John Micheal Feistner

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Barbara Mueller

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Viola Feistner

(Address) 712 Franklin St Boise Ida

15.

Filed ..... 191...

C. S. McConnell
Local Regis...

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Sept 16 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1912, to Sept 16 1912, that I last saw h... alive on Sept 16 1912 and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Lemp M. D.

Sept 17 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs. ....mos. 7 days. In the State .....yrs. .....mos. .....days.

Where was disease contracted if not at place of death? .....

Former or usual residence 712 Franklin St Germany

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL

[redacted] 9/20 1912

20. UNDERTAKER [redacted] ADDRESS [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise (No. 410 State St.)

File No. 2930

Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Judge

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 4 (Day) 1856 (Year)

7. AGE: 56 yrs. 4 mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Thos Judge

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary Kelley

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Judge
(Address) Wendell, Idaho

15. Filed Sept 6 1912 Jay McCornack Local Registrar
Stewart

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1912, to Sept 5 1912, that I last saw him alive on Sept 4 1912, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James L. Clements M. D.

Sept 6 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence Wendell Idaho

19. PLACE OF BURIAL OR REMOVAL: Chicago, Ills. DATE OF BURIAL: 9/7 1912

20. UNDERTAKER: Schreiber & Siebenfaden ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. .....

File No. 2031

County of Ada

City of Boise (No. 110, East Bannock St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clyde Almond Sexton

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: April (Month) ..... (Day) 1880 (Year)

7. AGE: 32 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Stock Herder
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nebraska

10. NAME OF FATHER Almond J Sexton

11. BIRTHPLACE OF FATHER (State or Country) Mass

12. MAIDEN NAME OF MOTHER Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry A Dixon

(Address) Pocatello Idaho

15.

Filed ..... 191 .....

C S McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ died Sept ~~10~~ to 17th 1912, ~~that I last saw him alive on~~ ~~10~~, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Knife Wound inflicted by himself while temporary insane.

~~(Duration)~~ ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adolph Schreiber ~~M. D.~~

19 ..... (Address) Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shoshone Idaho	Sept 19 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2932
Registered No.

1. PLACE OF DEATH. Registration District No.
County of Ada
Primary Registration District No.
City of Star Eagle (No., St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lawrence Earl Shepherd
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 12 (Month) 1903 (Day) (Year)

7. AGE: 9 yrs. 6 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: T. H. Shepherd

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Bertha Stevenson

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. H. Shepherd
(Address) Eagle Ida

15. Filed ..... 191... C. S. McCamy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 9 (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8- 1912, to Sept 25, 1912
that I last saw h[illegible] alive on Sept 6, 1912,
and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
General Septicaemia followed
Inf Rheumatismus

(Duration) yrs. 2 mos. 7 ds.
Contributory (Secondary) Endocarditis
(Duration) yrs. 5 mos. 16 ds.

(Signed) Drs Allen and Allen By C. S. Allen M. D.
19..... (Address) 301-3 McCarty Bld'g

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Carlock Illinois — DATE OF BURIAL: Sept 27 1912

20. UNDERTAKER: Frye & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 2935

County of Ada

City of Boise (No. 509 Grove St.)

Registered No. 55

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edward H Lemp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: not Obtainable 1880 (Month) (Day) (Year)

7. AGE: 32 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wool grower
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: John Lemp

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth Kohlepp

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert Lemp
(Address) Boise Idaho

15. Filed Sept 7 1912 Ray McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 6th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1912, to Sept 5 1912, that I last saw him alive on Sept 5 1912, and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H W Smith M. D.
9/6. 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 509 Grove St

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Masonic Cemetery	9/7 1912

20. UNDERTAKER	ADDRESS
Schreiber & Liebenfaden	Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Do Smith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. Cor 10th & Fitzhugh St.)

File No. 2934
Registered No. 53
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William E Bullock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 19 Dec (Month) (Day) 1865 (Year)

7. AGE: 46 yrs. 8 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mining and Farming
(b) General nature of industry business, or datablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: William E Bullock

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Bridget Eagen

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Jessie Crowley
(Address): [redacted] Main St Boise Idaho

15. Filed Sept 6 1912 Amy M Coun Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1912, to Sept 5 1912, that I last saw h[illegible] alive on Sept 3 1912, and that death occurred on the date stated above, at —M.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
(Duration) yrs. mos. ds.
Contributory (Secondary) Inflamatory Rheumatism
(Duration) yrs. mos. ds.

(Signed) Fred A. Tallentyre M. D.
19 (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery | DATE OF BURIAL: 9/7 1912

20. UNDERTAKER: Schreiber & Liebenstein | ADDRESS: Boise

Pittenger

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1009

City of Boise (No. 410 State St.)

File No. 2035

Registered No. 99

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eugenio Larrauri

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1880 (Year)

7. AGE: 30 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spain

10. NAME OF FATHER: Lorenzo Larrauri

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Maria Josefa Ortuzar

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Odamaitun
(Address) Boise, Idaho

15. Filed Sept. 4 1912 Geo. M. Connell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/4 1912, to 9/5 1912 that I last saw h in alive on 9/3 1912 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Rheumatic Fever

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred. A. Falconer M. D.

9/4 1912 (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 1 mos. 4 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence Nampa, Idaho

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: 9/5 1912

20. UNDERTAKER: Schreiber & Lieberfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BYMS - YORK CO., PTRS. & BDRS. 19760

Dr. Pittinger

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2936

Registered No. 65

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. 410, State St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fugita Nagesawa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Yellow	Single

6. DATE OF BIRTH: July (Month) 1 (Day) 1880 (Year)

7. AGE: 32 yrs. 1 mos. 28 ds. IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Labarer
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Japan

10. NAME OF FATHER Not Abtainable

11. BIRTHPLACE OF FATHER (State or Country) Not Abtainable

12. MAIDEN NAME OF MOTHER Not Abtainable

13. BIRTHPLACE OF MOTHER (State or Country) Not Abtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Asaki
(Address) Boise Idaho

15. Filed ..... 191.... C. S. McComas Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1912, to Sept 28 1912, that I last saw him alive on " " 1912, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno R. Nunnary M. D.

Sept 30 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
St Alphonsus Hospital
Where was disease contracted if not at place of death? Unknown
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 9/29 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 61 2937
Registered No. 1644

1. PLACE OF DEATH.
Registration District No.
Primary Registration District No.
County of Ada
City of Boise (No. 1016 Hays St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George B Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Feb (Month) 3 (Day) 1843 (Year)

7. AGE: 68 yrs. 10 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Hotel Keeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Glascow, Scotland

10. NAME OF FATHER: Mr. Smith

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Mrs Browning

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. S. Smith
(Address) Boise

15.
Filed ..... 191 ....
C S McComas
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 24th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1912, to Sept 24th 1912, that I last saw him alive on Sept. 24th 1912, and that death occurred on the date stated above, at 6. AM.

The CAUSE OF DEATH* was as follows:
No evedience of disease found. death apparently due to Melancholia - from Epis following death of wife (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Taylor M. D.
Sept 25 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 1016 Hays St, Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 9/26 1912

20. UNDERTAKER: Schreiber & Siefenfaden | ADDRESS: Boise Ida

Dr. Taylor

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 64 2998
Registered No. 64

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 1213, Grove Street St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Nellie Mhoon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White, American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr 16 (Month) (Day) 1858 (Year)

7. AGE: 27 yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Worker
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Isaac B. Belcher

11. BIRTHPLACE OF FATHER (State or Country): West Virginia

12. MAIDEN NAME OF MOTHER: Jane Shapper

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed M. Belcher
(Address) Caldwell R. D. No. 1

15.
Filed ..... 191...
C. S. McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 30 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1912, to Sept. 29 1912 that I last saw her alive on Sept. 29 1912, and that death occurred on the date stated above, at 1 9 M.

The CAUSE OF DEATH* was as follows:
Pulmonary Mercury Poisoning Taken with Suicidal intent
(Duration) — yrs. — mos. 7 ds.
Contributory (Secondary)
(Duration) — yrs. — mos. — ds.
(Signed) O. J. Pierce M. D.
Sept. 30 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Star Cemetary
DATE OF BURIAL: Oct. 1 1912

20. UNDERTAKER: Foy & Summers
ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise

(No. 1702 N. 7th St.)

File No. 2939

Registered No. 59

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Mitchell

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W.	Married

6. DATE OF BIRTH: April (Month) 23rd (Day) 1884 (Year)

7. AGE: 28 yrs. 4 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mc Donald Co. Mo.

10. NAME OF FATHER: J. D. Rudisill

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Mary A. Bennett

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Luther Mitchell
(Address) Notus, Idaho,

15.
Filed Sept 16 1912 Ray McCoun Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Sept 15 1912, that I last saw her alive on Sept 12 1912, and that death occurred on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:
Probably Embolism

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. E. Bonnell M. D.

19 (Address) Boise - Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 1702 N. 7th - Boise

19. PLACE OF BURIAL OR REMOVAL: Harris Hill Cemetery | DATE OF BURIAL: 9/17 1912

20. UNDERTAKER: Schreiber & Siddenfaden | ADDRESS: Boise, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1004
File No. 2940
Registered No. 31

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 112, E. Bannock St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME May Hathenbrook Watt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 12 (Day) 1888 (Year)

7. AGE: 23 yrs. 11 mos. 24 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Provo. Utah

10. NAME OF FATHER: Fredk Hathenbrook

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Rozellia Saunsocii

13. BIRTHPLACE OF MOTHER (State or Country): Provo. Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. L. Watt
(Address) Caldwell Idaho

15.
Filed Sept 6 1912
Jay McConnell Local Registrar
Springer.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 5th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Sept 4 1912, that I last saw h[illegible] alive on Sept 4 1912, and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Chronic nephritis

(Duration) yrs. mos. ds.
Contributory (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos. ds.

(Signed) J. Springer M. D.
Sept 6 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death [illegible] yrs. [illegible] mos. [illegible] days. In the State [illegible] yrs. [illegible] mos. [illegible] days.
Where was disease contracted if not at place of death?
Former or usual residence Caldwell Idaho

19. PLACE OF BURIAL OR REMOVAL: Provo. Utah. DATE OF BURIAL: 9/6 1912

20. UNDERTAKER: Schreiber & Lidengaden ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 1722 Washington St.)

File No. 2941
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Minnie L. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 8th (Month) (Day) 1872 (Year)

7. AGE: 40 yrs. — mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Neb

10. NAME OF FATHER: John Heffner

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Katherine Siedenfaden

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm L Ward
(Address) Boise

15. Filed ..... 191 .....
C J McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 23rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1912, to Sept 23 1912, that I last saw h[illegible] alive on Sept 22 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
General Peritonetis

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) [illegible] Pyosalpynx
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Springer M. D.
Sept 23 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death [illegible] yrs [illegible] mos. 3 days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 1722 Washington St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 25 1912

20. UNDERTAKER: Schreiber & Siedenfaden | ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2942
Registered No. 47

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 1004
(No. 528 So. 16 St.)

2. FULL NAME Lula Thelma Armatage

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: white American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 3 (Day) 1911 (Year)

7. AGE: ____ yrs. 8 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None (infant)
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mc Villin Oregon

10. NAME OF FATHER: F. Armatage

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Anna Venable

13. BIRTHPLACE OF MOTHER (State or Country): Texas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Armatage
(Address) 528 So. 16 st.

15.
Filed Sept. 1 1912 Jay McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1912, to Aug 31 1912
that I last saw h— alive on Aug 30 1912,
and that death occurred on the date stated above, at 4 a M.

The CAUSE OF DEATH* was as follows:
Hes Colitis

(Duration) # yrs. # mos. 23 ds.

Contributory (Secondary)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) R. R. Grace M. D.
8/31 1912 (Address) Boise.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Joplin Cemetery — DATE OF BURIAL: Sept 1 1912

20. UNDERTAKER: Jay & Summers — ADDRESS: 15 & Jeff.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2914
Registered No.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 1001, Main St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maurice Eloise Sweeting

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	Single (Write the word.)

6. DATE OF BIRTH
Sept (Month) 21 (Day) 1912 (Year)

7. AGE
..... yrs. ..... mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) Boise

10. NAME OF FATHER L. L. Sweeting

11. BIRTHPLACE OF FATHER
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER Anna Mae Schearer

13. BIRTHPLACE OF MOTHER
(State or Country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. L. Sweeting
(Address)

15.
Filed ..... 191 .....
C. J. McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21 1912, to Sept 26 1912, that I last saw her alive on Sept 26 1912, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Hemophilia

(Duration) — yrs. — mos. 5 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Turney M. D.
19.... (Address) Thyra Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery	Sept 27 1912

20. UNDERTAKER	ADDRESS
Schreiber & Liddington	

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD of HEALTH
Bureau of Vital Statistics
File No. 2945
Registered No. 79

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls (No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ruby Samuel Schaumloffel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Child

6. DATE OF BIRTH Sept 10 (Month) (Day) 1912 (Year)

7. AGE ... yrs. ... mos. 5 ds. IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER Samuel Schaumloffel

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Emma Wagner

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S Schaumloffel
(Address) ...

15. Filed Sept. 16 1912 J E Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...
that I last saw h... alive on ... 191...,
and that death occurred on the date stated above, at ... M.
The CAUSE OF DEATH* was as follows: Fracture Skull
Hemorrhage & Shock
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.
(Signed) J M Mount M. D.
9/15/12 19... (Address) Idaho Falls.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death? ...
Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL Idaho Falls — DATE OF BURIAL Sept 16 1912

20. UNDERTAKER C E Dinwoodey — ADDRESS Ida Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

Primary Registration District No. 2027

File No. 2316

County of Bonneville

City of Lincoln (No. ....., ... St.)

Registered No. 60.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Aaron H Beach

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH

(Month)	(Day)	(Year)
~~Sept~~ Oct	19	1848 ~~1842~~

7. AGE

64 yrs. 11 mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Salt Lake Co Utah

10. NAME OF FATHER Rufus Beach

11. BIRTHPLACE OF FATHER (State or Country) U.S.

12. MAIDEN NAME OF MOTHER Harriet Williams

13. BIRTHPLACE OF MOTHER (State or Country) U.S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rufus Beach Jr

(Address) Idaho Falls R F D No 2

15.

Filed Sept 20 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

(Month)	(Day)	(Year)
Sept.	19	1912

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1912 to Sept. 19, 1912, that I last saw him alive on Sept. 5, 1912, and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) Indefinite yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John O'Mellon M. D.

Sept 19 12 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona Idaho — DATE OF BURIAL: Sept 22 1912

20. UNDERTAKER: [redacted] G H Hunt — ADDRESS: Idaho Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2947

Registered No. 87

1. PLACE OF DEATH.
County of Bonneville
City of Ucon
(No. ....., ... St.)

Registration District No. 7
Primary Registration District No. 2029

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah Elvina Tyler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: November (Month) 6 (Day) 854 (Year)

7. AGE: 57 yrs. 10 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: John Poulsipher

11. BIRTHPLACE OF FATHER (State or Country): New York America

12. MAIDEN NAME OF MOTHER: Rosella Huffaker

13. BIRTHPLACE OF MOTHER (State or Country): New York America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Tyler
(Address) Idaho Falls

15. Filed Sept. 18 1912 J. E. Bennett Dep Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912, to Sept 1912 that I last saw h[illegible] alive on Sept. 18 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Mitral Regurgitation

(Duration) 6 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. A. Parratt M. D.
Sept. 19 1912 (Address) Ucon Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ucon Idaho
DATE OF BURIAL: Sept 23 1912

20. UNDERTAKER: [illegible]
ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2945

Registered No. 82

1. PLACE OF DEATH. Registration District No. 7

County of Bonneville Primary Registration District No. 2027

City of Iona (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph Moss

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 10 (Month) 1911 (Day) (Year)

7. AGE: 1 yrs. 6 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) ..... none

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Joseph Moss

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Clara Harmon

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Moss
(Address) Iona, Ida

15.
Filed Sept 18 1912 J. C. Bennett Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1912, to Sept. 16 1912 that I last saw him alive on Sept 13, 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Sleeplessness

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John O. Miller M. D.

Sept. 19 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Iona — DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: M. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 2950
Registered No. 57
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Owen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: July (Month) 18 (Day) 1836 (Year)

7. AGE: 76 yrs. 2 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Gardner
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wales

10. NAME OF FATHER: William Owens

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: Unknown ?

13. BIRTHPLACE OF MOTHER (State or Country): - ? -

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ernest H Owen
(Address) Leadville, Colo.

15. Filed Sept 24 1912 — Jay Lemmon, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-5- 1912, to 9-24- 1912, that I last saw him alive on 9-23- 1912, and that death occurred on the date stated above, at 4 a. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 16 ds.

Contributory (Secondary) Senile Dementia. Don't Know.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. M. McCoy M. D.

9/26 1912 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Idaho Falls	Sept 28 1912

20. UNDERTAKER	ADDRESS
E F Hunt	Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2951

Registered No. 77

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH, Registration District No. 7
County of Bonneville Primary Registration District No. 2027
City of Idaho Falls (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew A. Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 24 (Day) 1834 (Year)

7. AGE: 77 yrs. 8 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farming
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: A. Carlson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Axel E. Anderson
(Address) R. D. 1 - Ida Falls

15. Filed Sept 13 1912 W. Jameson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...,
and that death occurred on the date stated above, at 10 a. M.
The CAUSE OF DEATH* was as follows: No medical attendance
Edema of Lungs
Heart Disease
Senile Debility
7 hrs. (Duration) — yrs. — mos. — ds.
Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.
(Signed) W. Jameson M. D.
Sept 13 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Idaho Falls — DATE OF BURIAL: Sep. 15 1912

20. UNDERTAKER: C. E. Dinwoodey L. E. # 100 — ADDRESS: Ida Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bannock Primary Registration District No. 2027
City of Pocatello (No. ..., ... St.)
File No. 2952
Registered No. 76

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edmund Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 29 (Day) 1842 (Year)

7. AGE: 70 yrs. 3 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Nauvoo, Ill

10. NAME OF FATHER: Edmund Nelson

11. BIRTHPLACE OF FATHER (State or Country): United States

12. MAIDEN NAME OF MOTHER: Jane Taylor

13. BIRTHPLACE OF MOTHER (State or Country): United States

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. Nelson (X)
(Address) Ida Falls

15. Filed Sept 17 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Sept 13 1912, that I last saw h[illegible] alive on Sept 1912, and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows: Tabular Kidney Disease

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.
Sept 17 1912 (Address) Ida Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ida Falls
DATE OF BURIAL: Sept. 16 1912

20. UNDERTAKER: C. E. Dinwoodey
ADDRESS: Ida Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Heyburn
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 29
Primary Registration District No. 2102
(No. ....., ... St.)
File No. 2953
Registered No. 20
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Floyd Barton Montgomery

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: May (Month) 17 (Day) 1910 (Year)

7. AGE: 2 yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Heyburn Idaho

10. NAME OF FATHER: Geo Montgomery

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Louie Petterson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Geo Montgomery
(Address) Heyburn

15. Filed Oct 5 1912 V. R. Killam Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1912, to Sept 19 1912, that I last saw him alive on Sept. 19 1912, and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Colchicum Poisoning

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S Scott M. D.
Sept 22 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Heyburn Cemetery | DATE OF BURIAL: Sept 22 1912

20. UNDERTAKER: W. G. Goodman | ADDRESS: Rupert

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

BYRNS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2951

Registered No. 19

1. PLACE OF DEATH. Registration District No. 29

County of Lincoln Primary Registration District No. 2015

City of Rupert (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Clara Jane Hardy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August (Month) 9 (Day) 1876 (Year)

7. AGE: 36 yrs. 1 mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Robert McClay

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Sarah A. Flinders

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah A. McClay

(Address) Hooper Utah

15.

Filed Oct 5 1912 W. R. Kilburn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to Sept 18, 1912

that I last saw her alive on Sept 18 1912,

and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 2 yrs. ? mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Kennedy M. D.

Sept 19 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rupert Ida — DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: [redacted] — ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 29
Primary Registration District No. 2015
File No. 295
Registered No. 18

1. PLACE OF DEATH.
County of Lincoln
City of Rupert (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Horace Ray Martin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Married~~

6. DATE OF BIRTH: Aug (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: Enos Martin

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Ella Ray

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Martin
(Address) Rupert

15. Filed Oct 5 1912 V. R. Kellam Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 9 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6 1912, to Sept 9 1912, that I last saw him alive on Sept 9 1912, and that death occurred on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:
Entero Colitis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. S. Scott M. D.
19..... (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rupert Cemetery	Sept 9 1912
20. UNDERTAKER	ADDRESS
W. A. Goodman	Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2956
Registered No. 17

1. PLACE OF DEATH. Registration District No. 29
County of Lincoln Primary Registration District No. 2102
City of Hagerman (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James H. Alexander.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 15 (Day) 1895 (Year)

7. AGE: 17 yrs. 6 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sign Painter
(b) General nature of industry business or establishment in which employed (or employer): General Labor

9. BIRTHPLACE (State or Country): Kenyon Co. Ida.

10. NAME OF FATHER: James Emery Alexander

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Minnie Henderson

13. BIRTHPLACE OF MOTHER (State or Country): Clermonee Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Minnie G. Alexander
(Address) Hagerman Idaho

15. Filed Oct. 5 1912 V. R. Killeen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on Sept 5 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Gunshot Wound
Accidental

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. R. Killeen (Coroner) M. D.
Sept 7 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hagerman Ida. DATE OF BURIAL: Sept. 7 1912.

20. UNDERTAKER: R. B. Gallogly ADDRESS: Burley Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10

File No. 2955
Registered No. 79
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Boise

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) – 8 (Day) – 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many 10½ hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cottonwood Ida

10. NAME OF FATHER: Jos Boise

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Lewis McKinney

13. BIRTHPLACE OF MOTHER (State or Country): N D

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph McCluskey
(Address) Cottonwood Ida

15. Filed Sept 9 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1912, to Sept 8 1912
that I last saw him alive on Sept 8 1912,
and that death occurred on the date stated above, at 5.30 P. M.

The CAUSE OF DEATH* was as follows:
Premature Birth
(7 mos)
(Duration) 0 yrs. 0 mos. 0 ds.
Contributory (Secondary)
0 (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Russell Truitt M. D.
Sept 8 1912 (Address) Cottonwood Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Protestant Cottonwood Cemetery — DATE OF BURIAL: Sept 9 1912

20. UNDERTAKER: Joseph McCluskey — ADDRESS: Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Idaho Primary Registration District No. 2044
City of Grangeville (No. ....., ... St.)
File No. 2959
Registered No. 69

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME May Agnes McKinzie

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 13 (Month) (Day) 1875 (Year)

7. AGE: 37 yrs. 4 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): -

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: Herbmond (?)

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse L Rains
(Address) Grangeville Idaho

15. Filed Oct 2 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 28 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1912, to Sept. 26 1912 that I last saw her alive on Sept. 26 1912, and that death occurred on the date stated above, at 6. a M.

The CAUSE OF DEATH* was as follows:
Puerperal Septicaemia

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jesse L. Rains M. D.
Sept 28/ 1912 (Address) Grangeville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Stites Idaho
DATE OF BURIAL: Sept 30 1912

20. UNDERTAKER: none
ADDRESS: -

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Idaho Primary Registration District No. 2044
City of Grangeville (No. ....., ... St.)
File [redacted] 2960
Registered No. 68

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cyrus Lee

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	Married

6. DATE OF BIRTH: March 21 (Month) (Day) 1867 (Year)

7. AGE: 45 yrs. 5 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Richard Lee

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Susan Overman

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Lee
(Address) Grangeville Ida

15. Filed Sept 27 1912 G S Sloctlum Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1912, to Sept 24 1912
that I last saw him alive on Sept 24 1912
and that death occurred on the date stated above, at 9 a. M.
The CAUSE OF DEATH* was as follows:

Myocarditis
Don't Know — 3 hours
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Don't Know
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G S Sloctlum M. D.
Sept 27 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Prairie View	Sept 26 1912

20. UNDERTAKER	ADDRESS
Joseph McCloskey	Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2961
Registered No.

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2112
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lillian Margie Sultan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Feb (Month) 18 (Day) 1912 (Year)

7. AGE: ..... yrs. 7 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cambridge Idaho

10. NAME OF FATHER: Val Sultan

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Fay Morey

13. BIRTHPLACE OF MOTHER (State or Country): Pasadena Nevada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C/O Val Sultan
(Address) Indian Valley

15. Filed Sept 22 1912 — C E Schmutz, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1912, to Sept 22 1912
that I last saw her alive on Sept 21 1912
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Cholera Infantum

..... (Duration) ..... yrs. ..... mos. 2 7 ds.
Contributory (Secondary) Malnutrition
..... (Duration) ..... yrs. ..... mos. 2 7 ds.

(Signed) C E Schmutz M. D.
..... 19 ..... (Address) Cambridge Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida. — DATE OF BURIAL: Sept 22 1912

20. UNDERTAKER: J A Anderson — ADDRESS: [redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 21
(No. ____, ____ St.)

File No. 2982
Registered No. 43
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Genevive Lee Barnes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: June (Month) 7 (Day) 1911 (Year)

7. AGE: 1 yrs. 2 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Claude Barnes

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Lulu Reed

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Lucy Gunther
(Address): Emmett, Idaho

15.
Filed 9-6-1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1th 1912, to ____ 191__
that I last saw her alive on Sept 1st 1912,
and that death occurred on the date stated above, at 11:30 M.

The CAUSE OF DEATH* was as follows:
Cholera Infantum

(Duration) ____ yrs. ____ mos. one ds.

Contributory (Secondary)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. L. Reynolds M. D.
9-6 1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: Sept 2 1912

20. UNDERTAKER: C D Bucknum
ADDRESS: Emmett

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Boise Co

Form V. S. No. 5. 10M. [redacted] E OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2963

Registered No. 44

1. PLACE OF DEATH. Registration District No. 2

County of Canyon Primary Registration District No. 1

City of Emmett (No.), St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Milton Kendell Knott

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Sept (Month) 7 (Day) 1894 (Year)

7. AGE: 17 yrs. 11 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Surveyor
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: W L Knott

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Dora Alice Channel

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Knott
(Address) Bingham Canyon, Utah

15.
Filed 9-7 1912 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidentally Drowned
in Payette river at
Horse Shoe Bend, Idaho

10 (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) no doctor in attendance

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: Sept 7 1912

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-26-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2964
Registered No. 44

1. PLACE OF DEATH. Registration District No. 2
County of Canyon Primary Registration District No. 201
City of Emmett (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph E. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: June (Month) ..... (Day) 1879 (Year)

7. AGE: 33 yrs. 3 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: E. Wilson

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: C. Kerk

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Wilson
(Address) Emmett

15. 9-5-12

Filed 9-14-1912 J. F. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1912, to Sept 22 1912, that I last saw him alive on Sept 22 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

~~Pneumonia~~
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Reynolds M. D.
9-23 1912 (Address) Emmett Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett
DATE OF BURIAL: 9-22-1912

20. UNDERTAKER: Ed D. Buckmun
ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2965

Registered No. 4

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 01
(No. ....., ... St.)

2. FULL NAME Judson Alverton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH
Mar Nov 25 1838
(Month) (Day) (Year)

7. AGE
73 yrs. 8 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) New York

10. NAME OF FATHER Townsend Alverton

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Ann Chapin

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Gardner
(Address) Emmett Ida.

15. D 61 - 5 - 171 - 5 17

Filed 9-23 1912 J. J. Reynolds
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Died in the Mountains of heart failure, no doctor attended deceased,

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs... ..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Emmett Ida Pleasant View	Aug 12 1912

20. UNDERTAKER	ADDRESS
C. D. Buckman	Emmett

IVMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2
Primary Registration District No. 211
(No. ....., ... St.)

File No. 2966
Registered No. 5

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant Daughter I. O. Hankins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	White	single

6. DATE OF BIRTH: Sept (Month) 2 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds. | IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: I. O. Hankins

11. BIRTHPLACE OF FATHER (State or Country): dont know

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. T. Hankins
(Address) Emmett Ida

15.
Filed 11-5 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1912, to Sept 4 1912 that I last saw h[illegible] alive on Sept 4 1912, and that death occurred on the date stated above, at 10 a. M.

The CAUSE OF DEATH* was as follows:
Inanition
.....
.....
..... (Duration) ..... yrs. ..... mos. 12 hrs
Contributory (Secondary) Premature birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
..... 19..... (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery | DATE OF BURIAL: Sept 4 1912

20. UNDERTAKER: C. D. Buckner | ADDRESS: Emmett

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 22

County of Canyon Primary Registration District No. 2008

City of Payette (No. , St.)

File No. 2987

Registered No. 45

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ida May Henderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 1 (Day) 1890 (Year)

7. AGE: 27 yrs. 2 mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Manicurist
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: William Henderson

11. BIRTHPLACE OF FATHER (State or Country): Alabama

12. MAIDEN NAME OF MOTHER: Minnie Cooper

13. BIRTHPLACE OF MOTHER (State or Country): Alabama

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Minnie Henshaw
(Address) Payette

15.
Filed Sept 12 1912 J. C. Woodward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept (Month) 11 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 , to ..... 191 , that I last saw h alive on ..... 191 , and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: Sept 12 1912

20. UNDERTAKER: D. J. McClain — ADDRESS: Payette Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2008
File No. 2968
Registered No. 46

1. PLACE OF DEATH.
County of Canyon
City of Payette
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME George M. Bell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Jan (Month) 5 (Day) 1828 (Year)

7. AGE: 84 yrs. 8 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Henry D. Bell

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bell
(Address) Payette

15.
Filed Sept 18 1912 S R Woodward Dep- Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1912, to Sept 17 1912, that I last saw h[illegible] alive on Sept 16 1912, and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) — yrs. mos. ds.

Contributory (Secondary) Cystitis

(Duration) 2 yrs. mos. ds.

(Signed) J. E. Crouch M. D.

9/18 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: L N Adair — ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2969

Registered No. 4

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Gooding

City of Payette

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. , St.)

2. FULL NAME Jacob Stoneker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov (Month) 22 (Day) 1831 (Year)

7. AGE: 85 yrs. 10 mos. 5 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: George Stoneker

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Ann E Seechrist

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Stoneker
(Address) Payette Idaho.

15.
Filed [illegible] 191[illegible]
[illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1912, to Sept. 27 1912, that I last saw him alive on Sept 26 1912, and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(Duration) 0 yrs. 1 mos. 7 ds.

Contributory Chronic endocarditis
(Secondary)

(Duration) yrs. mos. ds.

(Signed) O. H. Avery M. D.

9/27 1912 (Address) Payette Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: Sept 28 1912

20. UNDERTAKER: J. A. Udan — ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2041
Registered No. 43

1. PLACE OF DEATH.
County of Lincoln
City of Richfield
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2016
(No. ..... St.)

2. FULL NAME Robert Corran

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Oct 4 (Month) 1912 (Day) 1 (Year)

7. AGE: 41 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Elizabeth N J

10. NAME OF FATHER: Robert Corran

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary Fife

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hattie E Corran
(Address) Richfield Ida.

15.
Filed Oct 4th 1917 L. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 4 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1917, to Oct 4 1917, that I last saw him alive on Oct 4 1917, and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Appendicitis -
Rupture of abscess into peritoneal Cavity
(Duration) — yrs. — mos. 11 ds.
Contributory (Secondary) Previous recurring attacks
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Davies M. D.
Oct 4 1917 (Address) Richfield Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Richfield — DATE OF BURIAL: Oct 6th 1917

20. UNDERTAKER: O. J. Brennan — ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2971

Registered No. 42

1. PLACE OF DEATH.

Registration District No. 5

Primary Registration District No. 3016

County of Lincoln

City of Richfield (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6. DATE OF BIRTH: Oct 3 1915
(Month) (Day)

7. AGE: 32 yrs. ..... mos. ..... ds.

IF LESS THAN ONE DAY, how many ..... minutes

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: H W Rankin

11. BIRTHPLACE OF FATHER (State or Country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. [redacted]

(Address) [redacted]

15.

Filed ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 3d 1917
(Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1917, to Oct 3 1917, that I last saw her alive on Oct 3 1917, and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis. aggravated by Appendicitis. Patient had passed thru a severe attack

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Appendicitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Davies M. D.

Oct 4 1917 (Address) Richfield Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rose Hill Iowa

DATE OF BURIAL: 191

20. UNDERTAKER: O J [redacted]

ADDRESS: [redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[redacted] CO., PRINTERS & BINDERS. SC[redacted]

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2042

Registered No. 41

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 5

County of Lincoln. Primary Registration District No. 2014

City of Gooding, (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elva Loveland.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: ~~March~~ Feb. 26th, (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. Seven mos. One ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Hewey, Utah.

10. NAME OF FATHER William Loveland.

11. BIRTHPLACE OF FATHER (State or Country) Brigham City, Utah

12. MAIDEN NAME OF MOTHER Hanah L. Gardner

13. BIRTHPLACE OF MOTHER (State or Country) Hewey, Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Loveland
(Address) Gooding, Idaho

15. Filed Oct 1 1912 C. F. Fellows Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 27th, (Month) (Day) 1912, (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6th, 1912, to Sept 26th 1912, that I last saw her alive on Sept. 26th 1912, and that death occurred on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:
Cholera Infantum,
.....
.....
(Duration) ..... yrs. One mos. 14 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. P. E. Johanson, M. D.
Sept 27, 1912 (Address) Gooding, Ida.

* State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hewey, Utah. DATE OF BURIAL: Sept. 28, 1912

20. UNDERTAKER: C. E. Thompson ADDRESS: Gooding

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Lincoln Primary Registration District No. 2016 File No. 2973
City of Shoshone (No. ....., ... St.) Registered No. 98

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Gwinn

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): married

6. DATE OF BIRTH: ~~Sept~~ Nov. (Month) ~~25~~ 24 (Day) ~~1842~~

7. AGE: 60 yrs. ... mos. — ds. IF LESS how many ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Rancher also interested in
(b) General nature of industry business, or establishment in which employed (or employer): Beer industry

9. BIRTHPLACE (State or Country): Merced cal

10. NAME OF FATHER: Samuel Gwinn

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Kentucky

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred F Gwinn
(Address) Shoshone Ida

15.
Filed Sept. 26 1912 C F Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1911, to Sept. 25 1912 that I last saw him alive on Sept. 25 1912, and that death occurred on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(Duration) 8 yrs. ... mos. ... ds.
Contributory (Secondary) Chronic Tuberculosis Pneumonia
(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas F. Zeller M. D.
Sept. 26 1912 (Address) Shoshone, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshone Idaho — DATE OF BURIAL: Sept 27 1912

20. UNDERTAKER: O J Brennan — ADDRESS: Shoshone, Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Shoshone
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2016
(No. ....., ... St.)

File No. 2971
Registered No. 39

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME no name

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Single

6. DATE OF BIRTH
Oct 4 (Month) 1912 (Day) 1 (Year)

7. AGE
2 days
.....yrs. .....mos. .....ds.
IF LESS than 1 day how many .....hrs. or .....min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Shoshone

10. NAME OF FATHER Prudencio Mendalia

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Balbina Leguineche

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Prudencio Mendiola
(Address) .....

15. Filed Oct 6th 1912 C. T. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1912, to Oct 6 1912, that I last saw him alive on Oct 6 1912, and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Infant

(Duration) .....yrs. .....mos. .....ds.

Contributory (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) C. T. Zeller M. D.
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Shoshone, Ida. | DATE OF BURIAL Oct 6th 1912

20. UNDERTAKER D. F. Brennan | ADDRESS Shoshone

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2975
Registered No. 30

1. PLACE OF DEATH.
County of Washington
City of Weiser
Registration District No. 26
Primary Registration District No. 1010,
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hannah M. Praell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March 26 1912
(Month) (Day) (Year)

7. AGE: —— yrs. 6 mos. 26 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Meadows Ida

10. NAME OF FATHER: Chas Praell

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Myrtle Hines

13. BIRTHPLACE OF MOTHER (State or Country): Texas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Praell
(Address) Weiser

15. Filed Sept 22 ah 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. 22 ah 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH*, was as follows:
Pneumonia (?)
No physician in attendance
..... (Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) .....
9/22/12 (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. R. Hamilton Local Health Officer M. D.
..... 19..... (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Ida — DATE OF BURIAL: Sept 23 1912

20. UNDERTAKER: L L Northam — ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser
(No. Near Weiser ... St.)

Registration District No. 26
Primary Registration District No. 2112

File No. 2976
Registered No. 51

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Mary Ann Williams.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: July (Month) 31 (Day) 1817 (Year)

7. AGE: 95 yrs. 1 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Madison Co. Kentucky

10. NAME OF FATHER: — Collet

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Sarah Hubbard

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. K. Williams
(Address) Weiser Idaho

15.
Filed Sept 22nd 1912 — W. P. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1912, to Sept 21 1912, that I last saw h er alive on Sept 21 1912, and that death occurred on the date stated above, at 6 30 a. M.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia

(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary): old age
(Duration) ... yrs. ... mos. 7 ds.

(Signed) James A Young M. D.
Sept 23 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho
DATE OF BURIAL: 9/24 1912

20. UNDERTAKER: R. W. Bowen
ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 26

Primary Registration District No. 1010

File No. 2977

County of Washington

City of Weiser (No. East Main St.)

Registered No. 52

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Margret A. Foote

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March - 18 - 1839
(Month) (Day) (Year)

7. AGE: 73 yrs. 6 mos. 3 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Alabama

10. NAME OF FATHER: Arthur Wilkerson

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Foote
(Address) Weiser Ida

15. Filed Sept - 23 - d 1912. W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. - 23 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1912, to Sept - 23rd 1912,
that I last saw her alive on Sept - 23rd 1912,
and that death occurred on the date stated above, at 10.30 M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
Sept-23 1912 (Address) Weiser - Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: 9/24 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 2114

File No. 2915
Registered No. 53,
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Orville Urvine Gierlein

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 7 (Day) 1911 (Year)

7. AGE: ..... yrs. 9 mos. 21 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wash. Co. Idaho

10. NAME OF FATHER: O. W. Gierlein

11. BIRTHPLACE OF FATHER (State or Country): Nebraska

12. MAIDEN NAME OF MOTHER: Neoma Neal

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. W. Gierlein
(Address) Emmett Idaho

15.
Filed Oct 7th 1912 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Apr (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/26 1912, to 4/26 1912
that I last saw him alive on 4/26 1912,
and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) R. M. Cunningham M. D.
4/29 1912 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: Apr 29 1912

20. UNDERTAKER: C. D. Bucknum
ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006.
City of Nampa (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Melvin Schrader

File No. 29
Registered No. 76
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: May (Month) 27 (Day) 1828 (Year)

7. AGE: 84 yrs. 2 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Philips

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) eva M Douglass
(Address) Nampa Ida

15.
Filed Aug 7 1912 O B Bell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1912, to Aug 6 1912
that I last saw him alive on Aug 6 1912,
and that death occurred on the date stated above, at 1st a. M.

The CAUSE OF DEATH* was as follows:
Organic (Valvular) heart affection
(Duration) long time yrs. ..... mos. ..... ds.
Contributory (Secondary) age
(Duration) — yrs. ..... mos. ..... ds.
(Signed) J H Maurray M. D.
Aug 6 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? not known
Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Boise Idaho
DATE OF BURIAL: Aug 7 1912

20. UNDERTAKER: F. K. Robinson
ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1066
File No. 2981
Registered No. 77

1. PLACE OF DEATH.
County of Canyon
City of Nampa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Louise Anna Kelly

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Apr (Month) 25 (Day) 1912 (Year)
7. AGE: 0 yrs. 3 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): —
9. BIRTHPLACE (State or Country): Murphy Ida
10. NAME OF FATHER: Wm Kelly
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: Laura Cox
13. BIRTHPLACE OF MOTHER (State or Country): Idaho.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Kelly
(Address) Wilson Ida.
15.
Filed Aug 22 1912 O B Bellew Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 21 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1912, to Aug 21 1912, that I last saw her alive on Aug 21 1912, and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Intestinal obstruction
(Duration) 0 yrs. 0 mos. 2 ds.
Contributory (Secondary) 0
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. P. Rosa M. D.
Aug 21 1912 (Address) Nampa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 2 ds
In the State ..... yrs 3 mos 27 ds
Where was Disease contracted, if not at place of death? Owyhee Co Ida
Former or usual residence Owyhee Co. Ida

19. PLACE OF BURIAL OR REMOVAL: Wilson, Ida
DATE OF BURIAL: Aug 22 1912

20. UNDERTAKER: S. B. Shellabarger
ADDRESS: Nampa, Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2983

Registered No. 79

1. PLACE OF DEATH. Registration District No. 3

County of Canyon Primary Registration District No. 1006

City of Nampa (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm Burns

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6. DATE OF BIRTH: Dec (Month) 24 (Day) 1837 (Year)

7. AGE: 74 yrs. 8 mos. 0 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Georgia

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles A Hall
(Address) Nampa Ida

15. Filed Aug 25 1912 O B Belden Jr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1912, to Aug 24 1912 that I last saw him alive on Aug 24 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Valvular Heart disease

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory (Secondary) Acute indigestion

(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) H. P. Rose M. D.

Aug 26 1912 (Address) Nampa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 7 mos. 0 ds. In the State 20 yrs. — mos. — ds.
Where was Disease contracted, if not at place of death? —
Former or usual residence: California

19. PLACE OF BURIAL OR REMOVAL: Rohler Lawn Nampa — DATE OF BURIAL: Aug 26 1912

20. UNDERTAKER: S. B. Shellabarger — ADDRESS: Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1005
File No. 2981
Registered No. 80

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Kneen.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)

7. AGE: 62 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer, ranch
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. L. Springer
(Address) Caldwell, Ida.

15. Filed Sept 18 1912 R C Bull Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1912, to Sept 16 1912 that I last saw him alive on Sept 14 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Nephritis
..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) alcoholism
..... (Duration) ✓ yrs. ..... mos. ..... ds.

(Signed) R C Bull M. D.
Sept 18 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem. DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: W. E. Platt ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of ____ Primary Registration District No. 2007
City of ____ (No. ____, ____ St.)
File No. 2985
Registered No. 82

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Morris M. Small

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: 5 (Month) 4 (Day) 1843 (Year)
7. AGE: 69 yrs. 3 mos. 9 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Maine
10. NAME OF FATHER: Joseph Small
11. BIRTHPLACE OF FATHER (State or Country): Do not Know
12. MAIDEN NAME OF MOTHER: Do not Know
13. BIRTHPLACE OF MOTHER (State or Country): Do not Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. E. Small
(Address) Parma Ida
15. Filed Sept 14 1912 P. J. Reuey Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug. (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Feb 29 1912, to Aug 10 1912, that I last saw him alive on Aug 10 1912, and that death occurred on the date stated above, at 8:100 M.

The CAUSE OF DEATH* was as follows:
Prostatis & Chronic Diarhea
(Possibly a cancerous condition of rectum) —
(Duration) 3 or more yrs. ____ mos. ____ ds.
Contributory (Secondary) Anemia
(Duration) one or more yrs. ____ mos. ____ ds.
(Signed) Chas. B. Allen M. D.
Aug 13 1912 (Address) Parma, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Parma
DATE OF BURIAL: 8/14 1912
20. UNDERTAKER: Platt Peckham Co
ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 2986
Registered No. 83

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Girl Hill

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ✓
6. DATE OF BIRTH: 9/21/12 — (Month) (Day) 4 hrs (Year)
7. AGE: ..... yrs. ..... mos. 4 hrs. IF LESS than 1 day how many 4 hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Near Nampa
10. NAME OF FATHER: W. J. Hill.
11. BIRTHPLACE OF FATHER (State or Country): Ind.
12. MAIDEN NAME OF MOTHER: Verla Commaney
13. BIRTHPLACE OF MOTHER (State or Country): Ind.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Hill
(Address) Nampa, Ida.
15. Filed Sept 21 1912 O B Bellamy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9/21 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Birth 9/21 1912, to Death 9/21 1912 that I last saw her alive on 9/21 1912 and that death occurred on the date stated above, at 12 AM
The CAUSE OF DEATH* was as follows: Premature Birth at seventh month
..... (Duration) ..... yrs. ..... mos. 4 hrs
Contributory (Secondary) Nervous shock to mother
..... (Duration) ✓ yrs. ✓ mos. ✓ ds.
(Signed) B. D. Calaway M. D.
9/21 1912 (Address) Nampa Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida. DATE OF BURIAL: Sept 22 1912
20. UNDERTAKER: W. J. Hill (Father) ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1008
County of Canyon Primary Registration District No. 1006 File No. 2936
City of Nampa (No. ....., ... St.) Registered No. 84

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Sadie Brandt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. (Write the word.): Single

6. DATE OF BIRTH: December (Month) 29 (Day) 1886 (Year)

7. AGE: 25 yrs. 8 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: John Brandt

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Ida Pickering

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. L. Brandt
(Address) Nampa Idaho

15.
Filed Sept 19 1912 O. B. Billow M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sep. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 18 1912, to Sep 18 1912, that I last saw her alive on Sep 18 1912, and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:
Fracture of Skull
sustained by fall from a horse
1 hr
(Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H P Rose M. D.
Sep 19 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF BURIAL: Sept 21 1912

20. UNDERTAKER: J. K. Robinson — ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2988

Registered No. 85

1. PLACE OF DEATH.

Registration District No. 1003

Primary Registration District No. 1006

County of Canyon

City of Nampa. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Simmons

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: March (Month), 16th (Day), 1903 (Year)

7. AGE: 7 yrs. 6 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Silver City, Ida.

10. NAME OF FATHER: Chas. F. Simmons.

11. BIRTHPLACE OF FATHER (State or Country): New York State

12. MAIDEN NAME OF MOTHER: E. L. Sparks.

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isabel M Simmons
(Address) .....

15. Filed Sept 19 1912 O B Bell M D
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month), 18th (Day), 1912 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July, 20th, 1911, to Sept. 18th, 1912, that I last saw h im alive on Sept. 13th, 1912, and that death occurred on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:
Convulsions due to effects of a previous meningitis.
(Duration) 3 yrs. 4 mos. 0 ds.
Contributory (Secondary) Meningitis
(Duration) 3 yrs. 6 mos. 0 ds.

(Signed) Geo. W. McKellogg M. D.
Sept. 19th 1912. (Address) Nampa, Ida.

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — S B Shellabarger — DATE OF BURIAL: Sept 19th 1912

20. UNDERTAKER: S B Shellabarger — ADDRESS: Nampa Ida

HYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1006
(No. ....., ... St.)

File No. 2089
Registered No. 86
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Irene Davison Huff.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: August (Month) 15 (Day) 1856 (Year)

7. AGE: 56 yrs. 1 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Louis Davison

11. BIRTHPLACE OF FATHER (State or Country): Prussia

12. MAIDEN NAME OF MOTHER: Maggie Steele

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. G. W. Abernathy
(Address) Nampa Idaho

15. Filed Sept 25 1912 O. B. Bellew M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Sept 15 1912
that I last saw her alive on Sept 15 1912,
and that death occurred on the date stated above, at 2.30 a. M.

The CAUSE OF DEATH* was as follows:
Cancer of the Bowels

(Duration) 2 yrs. 6 mos. ds.

Contributory (Secondary) —

(Duration) — yrs. mos. ds.

(Signed) J. A. Murray M. D.
Sept 25 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rohlfs Cem. Nampa Ida — DATE OF BURIAL: Sept 25 1912

20. UNDERTAKER: J. K. Robinson — ADDRESS: Nampa Ida

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1003
Primary Registration District No. 1006
(No. ....., ... St.)

File No. 2990
Registered No. 87
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Evangeline Durell Baily

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH
— (Month) — (Day) 1 (Year)

7. AGE
58 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: Wm M Durell

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Margaret Terry

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. P. Durell
(Address) Boise Idaho

15.
Filed Sept 2 1912
O B Belles M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Sept 2 1912
that I last saw her alive on Sept 2 1912,
and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary)

(Duration) — yrs. — mos. ..... ds.

(Signed) J. T. Murray M. D.
Sept 3 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fowlers Lawn Nampa Ida — DATE OF BURIAL: Sept 4 1912

20. UNDERTAKER: F. K. Robinson — ADDRESS: Nampa Ida

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 2991
Registered No. 88
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah Jane Randall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Don't know (Month) 1 (Day) (Year)

7. AGE: Don't know yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Retired Merchant
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): St Louis Mo.

10. NAME OF FATHER: William Randall

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Hannah Ackley

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 10/9 1917 John A Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 13th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Sept 13th 1912, that I last saw h-- alive on Sept 13 1912, and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J M Meyer M. D.
Sept 14 1912 (Address) J M Meyer

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ REMOVAL: St Louis Mo
DATE OF BURIAL ..... 191...

20. UNDERTAKER: W. G. Dye
ADDRESS: Caldwell

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 13
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 2992
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Ellen Miller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: Sept 22 (Month) (Day) 1912 (Year)

7. AGE: — yrs. — mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Latah Co. Idaho

10. NAME OF FATHER: Christin Miller

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Effie Evelyn Lambert

13. BIRTHPLACE OF MOTHER (State or Country): Latah Co. Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T.E. Lambert
(Address) Genesee

15. Filed 9-26 1912 W.H. Thorn
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1912, to Sept 25 1912 that I last saw him alive on Sept 24 1912 and that death occurred on the date stated above, at 4. a M.

The CAUSE OF DEATH* was as follows:

Prolonged Labor.

..... (Duration) — yrs. — mos. — ds.

Contributory (Secondary) Inability to nurse

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. M. Coll M. D.

Sept 25 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F.
DATE OF BURIAL: 9-26 1912

20. UNDERTAKER: T.E. Lambert
ADDRESS: Genesee.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Kendrick

Registration District No. 15
Primary Registration District No. 2064
(No. ....., ... St.)

File No. 2904
Registered No. 114

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Brown

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 11 (Day) 1878 (Year)

7. AGE: 34 yrs. 4 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ottawa Ont.

10. NAME OF FATHER: David Armstrong

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Bridget Cavanah

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C E Brown
(Address) Kendrick Idy

15.
Filed Sep 30 1912
J E Hoyt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to Sep 30 1912
that I last saw her alive on Sep 29 1912
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Tuberculosis
.....
.....
..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic interstitial nephritis
..... (Duration) Don't Know yrs. ..... mos. ..... ds.

(Signed) J E Hoyt M. D.
Sep 30 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kendrick DATE OF BURIAL: Oct 1 1912

20. UNDERTAKER: A J Rowlands ADDRESS: Kendrick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 2995
Registered No. 111
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Carrie Grendahl

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August 27 (Month) (Day) 1893 (Year)

7. AGE: 19 yrs. ..... mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Hamilton Iowa

10. NAME OF FATHER: Halvor Grendahl

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Anna Olson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Toney Grendahl
(Address) Moscow Idaho

15. Filed Sept 21 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 18 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1912, to Sept 17 1912, that I last saw h.er alive on Sept 17 1912, and that death occurred on the date stated above, at 3 30 A. M.

The CAUSE OF DEATH* was as follows:
Paraplegia a Paralysis of Right side of body Left side of face. Rheumatism Private
2. (Duration) ..... yrs. 2 mos. ..... ds.
Contributory (Secondary) Rheumatism. Endocarditis following
Sept 21 (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W M Canfield D.O. M. D.
19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BU... Sept...

20. UNDERTAKER: Geo Stacy — AD... Mo...

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 296
Registered No.

1. PLACE OF DEATH.
County of Latah
City of
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Rose Green

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single
6. DATE OF BIRTH: Apl 6 (Month) (Day) 1889 (Year)
7. AGE: 23 yrs. mos. ds. IF LESS than 1 day how many hrs. or min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Salem Ore.
10. NAME OF FATHER: Henry Green
11. BIRTHPLACE OF FATHER (State or Country): Russia
12. MAIDEN NAME OF MOTHER: Margeratte
13. BIRTHPLACE OF MOTHER (State or Country): Russia
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Joe Green
(Address): Pomeroy Wn
15. Filed Oct 6 1912 J. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 6th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1912, to Oct 6th 1912 that I last saw her alive on Oct 6th 1912, and that death occurred on the date stated above, at 11:25 A.M.
The CAUSE OF DEATH* was as follows:
Peritonitis —
Admitted Patient two days —
(Duration) yrs. mos. ds.
Contributory (Secondary): Do not know —
(Duration) yrs. mos. ds.
(Signed) Chas. L. Gritman M. D.
Oct. 6 — 1912 (Address) Moscow, Idaho —

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Turner Oregon — DATE OF BURIAL: — 1912
20. UNDERTAKER: Geo Hetz ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 15
County of Latah Co. Primary Registration District No. 1008
City of Moscow (No. ....., ... St.)
File No. 2997
Registered No. 113

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Beatrice Wesley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb 26 (Month) – 1895 (Day) (Year)

7. AGE: 17 yrs. 6 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Milliner
(b) General nature of industry business or establishment in which employed (or employer): Miss Hill

9. BIRTHPLACE (State or Country): Waitsburg Wash WW Co

10. NAME OF FATHER: Frank Neely

11. BIRTHPLACE OF FATHER (State or Country): Mo. [illegible]

12. MAIDEN NAME OF MOTHER: Olive Hamilton

13. BIRTHPLACE OF MOTHER (State or Country): Waitsburg Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Neely
(Address) Moscow Idaho

15.
Filed Sep 15 1912 D. J. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓ 191..., to ✓ 191...
that I last saw h ✓ alive on ✓ 191...,
and that death occurred on the date stated above, at ? M.

The CAUSE OF DEATH* was as follows:
Conditions indicated suffocation

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): epilepsy
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas T Gaitskell M. D.
Sept 15 1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Sept 15 1912

20. UNDERTAKER: Geo A Kelly
ADDRESS: Moscow

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 25
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 2095
Registered No. 109
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Marian Conoboy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 2 (Day) 1907 (Year)

7. AGE: 5 yrs. 7 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Everett Washington

10. NAME OF FATHER: M. T. Conoboy

11. BIRTHPLACE OF FATHER (State or Country): Minnesota

12. MAIDEN NAME OF MOTHER: Jessie M. Mix

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. T. Conoboy
(Address) Moscow Ida

15. Filed Sept 9 1912 D. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 7 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1912, to Sept 7 1912
that I last saw h[illegible] alive on Sept 7 1912,
and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:
Endocarditis

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) W. H. Saunders M. D.
Sept 9 1912 (Address) Moscow Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Sept 9 1912

20. UNDERTAKER: Geo Sletty
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

Bureau of Vital Statistics
File No. 3000
Registered No. 112
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs Ada Bangs Clark

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: June (Month) 22 (Day) 1860 (Year)

7. AGE: 52 yrs. 2 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Lemon Bangs

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Nancy Fowler

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Merritt
(Address) Wallace Idaho

15. Filed Sept 20 1912 D F Rae
Local

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 19 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17 1912, to Sept 18 1912, that I last saw her alive on Sept 17 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Apoplexy, left side of body & Right Lung paralysed from 17 March & later another stroke
(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. M. Canfield D. S. M. D.
Sept 20 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Sept 20 1912

20. UNDERTAKER: [redacted]
ADDRESS: [redacted]

SYMS-YORK CO., PRINTERS & RULERS, SO-88 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Boarding Asylum St.)

File No. 3001
Registered No. 64

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME J. R. Cyr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1859 (Year)

7. AGE: 53 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis N. Poole
(Address) Blackfoot. Idaho

15. Filed Aug 29 1912 — W. E. Pattie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 1 1912, to Aug 28 1912 that I last saw h[im] alive on Aug 28 1912 and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:

Paresis

..... (Duration) 1 yrs. 6 mos. ..... ds.

Contributory (Secondary) Syphilis

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Francis N. Poole M. D.

Aug. 28 1912 (Address) Blackfoot. Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. 7 mos. 26 ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Boise Idaho

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ferncliff Cemetery Blackfoot — DATE OF BURIAL: Sept 1912

20. UNDERTAKER: E. J. Peck — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3002
Registered No. 65

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot (No. ....., ... St.)
Amanda Ward
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Joseph Mundell Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 28 (Day) 1912 (Year)

7. AGE: ... yrs. ... mos. ... ds. IF LESS than 1 day how many ... hrs. or ... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Blackfoot, Idaho

10. NAME OF FATHER: Joseph L. Wilson

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Lucie Brown

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Wilson
(Address) Blackfoot Idaho

15. Filed Aug 30 1912 W. E. Petrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1912, to Aug 28 1912 that I last saw him alive on Aug 28 1912 and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) F. W. Mitchell M. D.

Aug 30 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Riverside - Thomas Cem. DATE OF BURIAL: Aug 30 1912

20. UNDERTAKER: Mary E. Brown ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3003

Registered No. 66

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. 68, Ash Street St.)
Registration District No. 13
Primary Registration District No. 1007
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martha Ivey Ketchum

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: June (Month) 12 (Day) 1904 (Year)

7. AGE: 8 yrs. 2 mos. 29 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Delta Co Colo.

10. NAME OF FATHER: James Ketchum

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Maggie Bickly

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Hunter
(Address) Blackfoot

15. Filed Sept 11 1912 W. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1912, to Sept 12 1912 that I last saw h[illegible] alive on Sept. 11 1912 and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Diphtheria

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Mitchell M. D.

Sept 11 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ferry City cemetery
DATE OF BURIAL ..... 191...

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

File No. 3004
Registered No. 67
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice Englis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1879 (Year)

7. AGE: 33 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances M Poole
(Address) Blackfoot. Idaho

15. Filed Sept. 16 1912 W. C. Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: September (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1912, to Sept. 13 1912 that I last saw her alive on Sept. 13 1912 and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Exhaustion due to
Chronic mania.

(Duration) 13 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frances M Poole M. D.
Sept. 14 1912 (Address) Blackfoot. Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 9 mos. 20 ds. In the State 16 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Irwin, Idaho
Former or usual residence Irwin, Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Idaho
DATE OF BURIAL: Sept 17 1912

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3006
Registered No. 69

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot Mun, (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ida. Baker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Sept (Month) 29 (Day) 1912 (Year)
7. AGE: 5 3 yrs. 10 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Norway
10. NAME OF FATHER: Ole E. Johnson
11. BIRTHPLACE OF FATHER (State or Country): Norway
12. MAIDEN NAME OF MOTHER: Adeline Olson
13. BIRTHPLACE OF MOTHER (State or Country): Norway.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O E Johnson
(Address) Blackfoot R F D # 4
15. Filed Oct 1st 1912 M. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 29 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 1 1912, to Sept 29 1912
that I last saw h[illegible] alive on Sept 29 1912
and that death occurred on the date stated above, at 4:30 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Face

..... (Duration) 4 yrs. — mos. — ds.
Contributory (Secondary) .....
..... (Duration) 5 3 yrs. 10 mos. 14 ds.
(Signed) F. W. Mitchell M. D.
Sept 30 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moreland Idaho
DATE OF BURIAL: Oct 1 1912
20. UNDERTAKER: E & Johnson
ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3007
Registered No. 70.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bingham
City or 30 mi East Basalt
Mill Creek canyon

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

2. FULL NAME aaron Olsen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Farmer

9. BIRTHPLACE (State or Country) Norway

10. NAME OF FATHER Ole. Olsen

11. BIRTHPLACE OF FATHER (State or Country) Norway

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John H. Berg
(Address) Basalt Idaho

15. Filed Oct 3 1912 W. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept 30 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Kick of horse on
right temple
caused by contusion upon
brain Fractured Skull and Lacerations
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E J Peck M. D.
Oct 3 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Basalt
DATE OF BURIAL ..... 191..

20. UNDERTAKER: E J Peck
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 924-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3008
Registered No. 71

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2029
City of Aberdeen (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alice Livingstone

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov 6 (Month) (Day) 1910 (Year)

7. AGE: 1 yrs. 10 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James Livingstone

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nancy Palmer

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Livingstone
(Address) Aberdeen

15. Filed Sept 28 1912 McCorkindale, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 27 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1912, to Sept 21 1912, that I last saw her alive on Sept 21 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Gastro-Enteritis

..... (Duration) ..... yrs. ..... mos. 18 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) McCorkindale M. D.
Sept 28 1912 (Address) Aberdeen

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Thomas, Ida — DATE OF BURIAL: Sept 29 1912

20. UNDERTAKER: Livingstone & Livingstone — ADDRESS: Aberdeen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2029
City of ~~Gyrus~~ Sterling (No. ....., ... St.)
File No. 3010
Registered No. 73.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruth Holmquist

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 21 1912 (Month) (Day) (Year)

7. AGE: — yrs. 5 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Gabriel Holmquist

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Martha Underwood

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. Holmquist
(Address) Sterling

15. Filed Sept 5 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 14 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1912, to Sept 14 1912 that I last saw h.ee alive on Sept 14 1912 and that death occurred on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

..... (Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) .....

..... (Duration) — yrs. — mos. — ds.

(Signed) M. Cannon Kimmon M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Yesma Cemetery — DATE OF BURIAL: Sept 16 1912

20. UNDERTAKER — ADDRESS —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3011

Registered No. 74

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bingham
City of Aberdeen

Registration District No. 13
Primary Registration District No. 2029
(No. ....., ... St.)

2. FULL NAME Mary See

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July 21 (Month) (Day) 1910 (Year)

7. AGE: 2 yrs. 1 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Michael See

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Caroline Sitzelberger

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Michael See.
(Address) Aberdeen Ida.

15.
Filed Sept 4 1912 — M. C. MacKinnon — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1912, to Sept 3 1912, that I last saw her alive on Sept 3 1912 and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Gastro Enteritis

..... (Duration) — yrs. — mos. 2 ds.

Contributory (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. C. MacKinnon M. D.
Sept 4 1912 (Address) Aberdeen Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: American Falls — DATE OF BURIAL: Sept 5 1912

20. UNDERTAKER (acting): Michael See — ADDRESS: Aberdeen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone, Primary Registration District No. 1011
City of Wallace, (No. Kopr Hospital St.)
File No. 3111
Registered No. 65

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Sarah Johnson.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 57 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Rome N.Y.

10. NAME OF FATHER: James Belch

11. BIRTHPLACE OF FATHER (State or Country): Rome, N.Y.

12. MAIDEN NAME OF MOTHER: Angeline Norrell.

13. BIRTHPLACE OF MOTHER (State or Country): Rome N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): A. P. Ward.
(Address): Wallace,

15. Filed Sept 1 1912 F. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 30th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17th 1912, to Aug 30th 1912
that I last saw h alive on Aug 30th 1912
and that death occurred on the date stated above, at 5:25 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Larynx

..... (Duration) — yrs. 10 mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
Aug 31 1912 (Address) Wallace, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rome N.Y. DATE OF BURIAL Removal Sept 2 1912

20. UNDERTAKER: A. P. Ward. ADDRESS: Wallace, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3013

Registered No. 66

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hosp. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joshua H. Hunt,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	married

6. DATE OF BIRTH
..... (Month) ..... 1 (Day) ..... (Year)

7. AGE
46 yrs. -- mos. -- ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... mill worker
(b) General nature of industry business or establishment in which employed (or employer) ..... lead concentrator

9. BIRTHPLACE (State or Country) Pennsylvania

10. NAME OF FATHER J. H. Hunt.

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Yob
(Address) Larson, Idaho.

15. Filed Sept 2 1912 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH ~~Sept~~ Aug 31 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1912, to Aug 31 1912
that I last saw him alive on ~~Sept~~ Aug 31 1912
and that death occurred on the date stated above, at 3 P. M.

The ~~CAUSE~~ CAUSE OF DEATH* was as follows:
Fracture - base of skull
due to a fall.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Leo Quigley M. D.
Aug 31 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Pittsburg, Pennsylvania
DATE OF BURIAL ~~Aug 31 st~~ Sept 3, 1912.

20. UNDERTAKER Bruce G. Torstell
ADDRESS Wallace, ID

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State
BOARD OF
Bureau of Vit

1. PLACE OF DEATH. Registration District No. 28

County of Shoshone Primary Registration District No. 1911

City of Wallace (No. Providence Hospital St.)

File No. 30

Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hos stitution or camp give its instead of street and numb

2. FULL NAME Catherine Mahoney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: Sept (Month) 7th (Day) 1828 (Year)

7. AGE: 84 yrs. mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: M. Kelleher Mahoney (NUS)

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Mahoney

(Address) Wallace Ida

15. Filed Sept 8 1912 H. Leo Dingley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1910, to Sept 7th 1912, that I last saw her alive on Sept 7th 1912, and that death occurred on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. 7 ds.

Contributory (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Wm. Frank M. D.

Sept 7 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Providence Hospital. In the yrs. 1 mos. 15 ds. State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash — DATE OF BURIAL: Sept 10 1912

20. UNDERTAKER: Bruce & Worrell — ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...YMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3015
Registered No. 68

1. PLACE OF DEATH.
County of Shoshone
City of Wallace.
Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas F. Dolan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 29 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: Thomas F. Dolan.

11. BIRTHPLACE OF FATHER (State or Country): California

12. MAIDEN NAME OF MOTHER: Mira Ramsden.

13. BIRTHPLACE OF MOTHER (State or Country): California

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs T F Dolan
(Address) Wardner Ida.

15.
Filed Sept. 12, 1912 H. Leo Dunegan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. 10th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1912, to Sept 10 1912
that I last saw him alive on Sept 9th 1912.
and that death occurred on the date stated above, at 6:55 A. M.
The CAUSE OF DEATH* was as follows:
Septicemia
3 Wks. (Duration) 1 — yrs. mos. ds.
Contributory (Secondary) Erysipelas —
3 Weeks (Duration) — yrs. mos. ds.
(Signed) T. F. Dolan M. D.
Sept 10 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Hosp. In the Town Wallace
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Wardner [redacted] Idaho.
Former or usual residence. Same.

19. PLACE OF BURIAL OR REMOVAL: ~~San Jose Mountain Hill~~ California
DATE OF BURIAL: Sept 12 1912

20. UNDERTAKER: W. D. Ward
ADDRESS: Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Wallace Hospital St.)
File No. 3015
Registered No. 69

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Paolisch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 20 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): lead mine

9. BIRTHPLACE (State or Country): Sinnie, Austria

10. NAME OF FATHER: John Paolisch

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: not given

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Paolisch
(Address) Kellogg Idaho.

15. Filed Sept. 13, 1912 L. L. Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1912, to Sept 10. 1912. that I last saw him alive on Sept 9th 1912. and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning
Contributing cause Bronchitis of Both Lungs
5 (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Pulmonary Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. L. Langley M. D.
Sept 10th 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place (Wallace Ida.) ..... In the
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Standard Mine
Former or usual residence Mace, Idaho.

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho — DATE OF BURIAL: Sept. 13 1912

20. UNDERTAKER: Bruce G Wootten — ADDRESS: Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone. Primary Registration District No. 1011
City of Wallace (No. Hope Hospital St.)
File No. 3017
Registered No. 70

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William J. Bolan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 43 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Bartender
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: William Bolan.

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Minnie O'Brien

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William J. Bolan
(Address) Burke Ida

15. Filed Sept 18 1911 T. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 17th (Day) 1911 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1911, to Sept 17th 1911
that I last saw h[illegible] alive on Sept 17th 1911
and that death occurred on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Epiploon

..... (Duration) 1 yrs. 6 mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Sept 18 1911 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida, DATE OF BURIAL: Sept 18 1911

20. UNDERTAKER: H. O. Ward. ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3018
Registered No. 71

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Edwin Shepherd,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	Divorced

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 56 yrs. -- mos. -- ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... laborer
(b) General nature of industry business or establishment in which employed (or employer) ..... about sawmill

9. BIRTHPLACE (State or Country) Indiana

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER Mary Grady

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie Winberg
(Address) Wallace, Idaho.

15. Filed Sept 19 1912 F. Leo Dingley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 191..., to Sept 15 1912
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Acute Alcoholism

(Duration) Several yrs. mos. ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr. Mowry M. D.
Sept 18 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho.
DATE OF BURIAL: Sept. 19 1912

20. UNDERTAKER: Bruce G. Worstell
ADDRESS: Wallace,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3019
Registered No. 72

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John P. Ryan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): married

6. DATE OF BIRTH
(Month) (Day) (Year): 1

7. AGE: 50 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland.

10. NAME OF FATHER: John Ryan.

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Bridget Ryan.

13. BIRTHPLACE OF MOTHER (State or Country): Ireland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Gleason
(Address) Wallace

15. Filed Sept. 21, 1912. T. Leo Quigley, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1912, to Sept 18th 1912 that I last saw h im alive on Sept 18th 1912 and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Hypertropic Cirrhosis of Liver

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Hemorrhage - internal
..... (Duration) ..... yrs. ..... mos. Two ..... ds.

(Signed) C. A. Stone M. D.
Sept. 20th 1912 (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Sept. 22 1912

20. UNDERTAKER: N. O. Ward
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2098
(No. ....., ... St.)

File No. 3020
Registered No. 30
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James F Jolly

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH: Nov (Month) 12 (Day) 1849 (Year)

7. AGE: 52 yrs. 7 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): Farming.

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: John Jolly.

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Matilda VanCleave

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E A Horswell M.D.
(Address) Caldwell Ida

15.
Filed Sept 10 1912
J M Tacy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 9 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7 1912 to Sept 9 1912
that I last saw h[illegible] alive on Aug 26 1912
and that death occurred on the date stated above, at 7P M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Liver with Ascites
About 2 (Duration) yrs. mos. ds.
Contributory (Secondary) Old age & arteriosclerotic conditions of bloodvessels,
(Duration) yrs mos. ds.
(Signed) Earle N Horswell M. D.
Sept 9 1912 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fraser — DATE OF BURIAL: Sept 10 1912

20. UNDERTAKER W E Stoddard — ADDRESS Caldwell Ida
By J. S Hogue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Clearwater Primary Registration District No. 2078
City of Orofino (No. ....., ... St.)
File No. 3021
Registered No. 31

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ola Anderson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 31 (Day) 1861 (Year)

7. AGE: 50 yrs. 7 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Andrew Nelson Anderson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina Person

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Chandler
(Address) Orofino Idaho

15. Filed Sept 27 1912 J. M. Tainter Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February, 1912, to Sept 22 1912 that I last saw him alive on Sept 21 1912 and that death occurred on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

..... (Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) — (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Tainter M. D.

Sept 27 1912 (Address) Orofino, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino — DATE OF BURIAL: Sept 24 1912

20. UNDERTAKER: W. E. Haddard — ADDRESS: Orofino

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3022
Registered No. 32

1. PLACE OF DEATH. Registration District No. 17
County of Canyon Primary Registration District No. 2078
City of Orofino (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Murphy Jr

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Baby

6. DATE OF BIRTH: June (Month) 14 (Day) 1912 (Year)

7. AGE: ....yrs. 3 mos. 9 ds.
IF LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Murphy
(Address) Orofino Idaho

15. Filed Sept 30 1912 J. M. Family Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: September 23 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from —, 191..., to — 191...
that I last saw him alive on — 191...
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Family M. D.
Sept 23 1912 (Address) Orofino Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino — DATE OF BURIAL: Sept 24 1912
20. UNDERTAKER: W. E. Stoddard — ADDRESS: Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3023
Registered No. 10

1. PLACE OF DEATH.
County of Oneida
City of Franklin

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Martin Perkins

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: [redacted] (Month) (Day) 1860 (Year)

7. AGE: 52 yrs. 8 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Provo Utah

10. NAME OF FATHER: Joseph J Perkins

11. BIRTHPLACE OF FATHER (State or Country): Wales England

12. MAIDEN NAME OF MOTHER: Margaret Martin

13. BIRTHPLACE OF MOTHER (State or Country): Wales England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Packer
(Address) Franklin Idaho

15.
Filed Oct 7 1912 D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: September 26 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1912, to Sept 26 1912
that I last saw him alive on Sept 26 1912
and that death occurred on the date stated above, at 5 30 a M.

The CAUSE OF DEATH* was as follows:
Appendicitis

..... (Duration) ✓ yrs. ✓ mos. 7 ds.
Contributory (Secondary) General Peritonitis
..... (Duration) 5 yrs. 5 mos. 5 ds.

(Signed) G W States M. D.
Sept 29 1912 (Address) Franklin Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Malad Idaho
DATE OF BURIAL: Sept 29 1912

20. UNDERTAKER: P. G. Lowe
ADDRESS: Franklin Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3024

Registered No. 71

1. PLACE OF DEATH.
County of Oneida
City of Malad

Registration District No. 18

Primary Registration District No. 2069

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Golden David Godwin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Sept (Month) 8 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 22 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Chas A Godwin

11. BIRTHPLACE OF FATHER (State or Country): N. Car.

12. MAIDEN NAME OF MOTHER: Lizzie Draughon

13. BIRTHPLACE OF MOTHER (State or Country): N. Car

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C A Godwin
(Address) Malad City

15. Filed Oct 2 1912 D H Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1912, to Sept 30 1912, that I last saw h[illegible] alive on Sept 30 1912 and that death occurred on the date stated above, at 2 0 M.

The CAUSE OF DEATH* was as follows: Lobar pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D H Ray M. D.

Oct 2 1912 (Address) Malad City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malad City
DATE OF BURIAL: Oct 2 1912

20. UNDERTAKER: D E Johnson
ADDRESS: Malad City

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3026

Registered No. 73

1. PLACE OF DEATH
County of Bannock
City of Samaria (No. ..... St.)

Registration District No. 18

Primary Registration District No. 2069

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lucy A. Williams

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: January (Month) 1 (Day) ..... (Year)

7. AGE: 36 yrs. 7 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: house wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Sharpe

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Rachel Wright

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C R Thomas
(Address) Malad R F D

15.
Filed Sept 10 1912 D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to Aug 27 1912
that I last saw her alive on Aug 27 1912
and that death occurred on the date stated above, at 11.50 P.M.
The CAUSE OF DEATH* was as follows:
Placenta Previa

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
Aug 29 1912 (Address) Malad City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Samaria Idaho
DATE OF BURIAL: Aug 30 1912

20. UNDERTAKER: D E Johnson
ADDRESS: Malad

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Cassia
City of Albion

Registration District No. 31
Primary Registration District No. 2150
(No. ....., ... St.)

File No. 3027
Registered No. 37

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write the word.*): Single

6. DATE OF BIRTH: May (Month) 1st. (Day) 1912 (Year)

7. AGE: ..... yrs. 4 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Albion Cassia Co. Idaho

10. NAME OF FATHER: Franklin D. Robinson

11. BIRTHPLACE OF FATHER (State or Country): Oakley Cassia Co Idaho

12. MAIDEN NAME OF MOTHER: Ella May Harper

13. BIRTHPLACE OF MOTHER (State or Country): Albion Cassia Co Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Franklin D. Robinson
(Address) Albion Cassia Co. Idaho

15.
Filed Sept 25 1912 L B Stockslager
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1912, to Sept 23 1912
that I last saw him alive on Sept 23 1912
and that death occurred on the date stated above, at 8 0 M.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L B Stockslager M. D.
Sept 24 1912 (Address) Albion Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Albion Idaho
DATE OF BURIAL: Sept 24 1912

20. UNDERTAKER: None
ADDRESS:

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lewis
City of Vallmer

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 3029
Registered No. 33

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Leonard Flemming.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Apr 17 (Month) 1910 (Day) (Year)

7. AGE: 2 yrs. 7 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ida

10. NAME OF FATHER: George F. Flemming.

11. BIRTHPLACE OF FATHER (State or Country): Liberty N. C.

12. MAIDEN NAME OF MOTHER: Jennie F. Ellis

13. BIRTHPLACE OF MOTHER (State or Country): Green Bay Wis.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Burke
(Address) Vallmer, Ida.

15. Filed Sept 16th 1912 Elcon B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 4 0 M.
The CAUSE OF DEATH* was as follows:
Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E. L. Burke M. D.
Aug 16 1912 (Address) Vallmer, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: ✓ Glo, Ida.
DATE OF BURIAL: Aug 17 1912

20. UNDERTAKER: ✓ Know of none
ADDRESS: ✓

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lemhi
City of Leo

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 3030
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fred Pearsal

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 12 (Day) 1911 (Year)

7. AGE: 1 yrs. 6 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana in Lemhi

10. NAME OF FATHER: Fred Pearsall

11. BIRTHPLACE OF FATHER (State or Country): Colorado

12. MAIDEN NAME OF MOTHER: Agnes Lewis

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E L Burke
(Address) Vallmer, Ida.

15. Filed Sept 16th 1912 Elsie B. Rozell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1912, to Aug 18 1912
that I last saw him alive on " " 1912
and that death occurred on the date stated above, at 11 A.M.
The CAUSE OF DEATH* was as follows: Pneumonia.

..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Hooping cough
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E L Burke M. D.
9/15 1912 (Address) Vallmer, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Leo, Ida.
DATE OF BURIAL: Aug 19 1912.

20. UNDERTAKER: ✓ Dont Know
ADDRESS: .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3031
Registered No. 35

1. PLACE OF DEATH. Registration District No. 32
County of Russell Primary Registration District No. 2128
City of Idaho (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named Miller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 28th (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. one ds. IF LESS than 1 day how many 18 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): Infant

9. BIRTHPLACE (State or Country): Russell Idaho

10. NAME OF FATHER: Samuel F. Miller

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Minnie N. Porter

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Shawley
(Address) Russell Idaho

15. Filed Sept 8 1912 T. Jackson M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th 1912, to Aug 29 1912 that I last saw h ss alive on on Aug 28 1912 and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:
Premature Birth at 6½ Months

..... (Duration) ..... hrs. ..... yrs. ..... mos. one ds.
Contributory (Secondary) Premature Birth
..... (Duration) ..... yrs. ..... mos. one ds.
(Signed) W. F. Shawley M. D.
Sept 2 1912 (Address) Russell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted?
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Gilbert Idaho — DATE OF BURIAL: Aug 30th 1912

20. UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

37

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3034
Registered No. 160

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fred Bauer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Oct. (Month) 16 (Day) 1912 (Year)

7. AGE: 57 yrs. 8 mos. 15 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Adolf Bauer

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Fr. Hollister

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Wolf
(Address) Lewiston Idaho

15. Filed Oct 10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1912, to Aug 31 1912
that I last saw h alive on Aug 31 1912
and that death occurred on the date stated above, at 10 M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds.
Contributory Exhaustion
(Secondary)
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) C W Schaff M. D.
Sept 2 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos 18 ds.
Where was disease contracted, Lenore Idaho
If not at place of death?
Former or usual residence Lenore Idaho

19. PLACE OF BURIAL OR REMOVAL: Lenora Ida
DATE OF BURIAL: Sept 3 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

9 # 2

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009

File No. 3035
Registered No. 161
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William McLaren

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 1st 1837 (Month) (Day) (Year)

7. AGE: 75 yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Retired 8 yrs
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ontario

10. NAME OF FATHER: James McLaren

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Margaret McLaren

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): W. B. McLaren
(Address): Spokane

15. Filed Oct 10 1912 E. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sep 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1910, to Sep 1 1912, that I last saw him alive on Aug 27 1912, and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:
Heart failure suddenly
Dilatation of left ventricle
with fair compensation

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Dilatation

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) D. F. Hoffman M. D.
Sept 3 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Sept 3 1912

20. UNDERTAKER: C. J. Varsar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3036
Registered No. 102

1. PLACE OF DEATH.
County of Nez Perce
City of Lenore
Registration District No. 16
Primary Registration District No. 2346
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eliza R. Hersey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: — (Month) — (Day) 1836 (Year)

7. AGE: 76 yrs. 8 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Va.

10. NAME OF FATHER: Johnson.

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known.

13. BIRTHPLACE OF MOTHER (State or Country): Not known.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. J. Perkins
(Address) Lewiston Ida.

15. Filed Oct. 10 1912 — L. J. Perkins, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 9 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191/, to ..... 1912, that I last saw h[illegible] alive on about Mar. 191[illegible] and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Senility.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Perkins M. D.
Sept 9 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lenore
DATE OF BURIAL: Sept 10 1912

20. UNDERTAKER: None
ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Gifford

Registration District No. 12
Primary Registration District No. 2074
(No. ....., ... St.)

File No. 3037
Registered No. 103

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ada Kollenborn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: May (Month) 11 (Day) 1905 (Year)

7. AGE: 7 yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: In school
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kendrick Ida

10. NAME OF FATHER: Chas E Kollenborn

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Mary Swift

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sandra Kollenborn
(Address) .....

15.
Filed 9-10 1912 E. E. Watts Local Registrar
Oct. 10 - 1912 R. J. Parker

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-8 1912, to 9-9 1912
that I last saw her alive on Sept 9 1912
and that death occurred on the date stated above, at P. M.

The CAUSE OF DEATH* was as follows:
Septic fever with cerebral abscess

(Duration) — yrs. — mos. 11 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Watts M. D.
9-9 1912 (Address) Gifford

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gifford Ida
DATE OF BURIAL: 9-10 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3035

Registered No. 104

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. 523, Nuo 16 St.)

2. FULL NAME Emma McConnell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): M

6. DATE OF BIRTH: Oct (Month) 17 (Day) 1850 (Year)

7. AGE: 61 yrs. 11 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: Jacob Wagner

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Amy Roorbaugh

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. McConnell
(Address) City

15. Filed Oct 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/13 1912, to 9/16 1912 that I last saw her alive on 9/16 1912, and that death occurred on the date stated above, at 8 a M.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) yrs. mos. ds.

Contributory (Secondary): Nephritis

(Duration) yrs. mos. ds.

(Signed) C. Ransom M. D.

9/17 1912 (Address) 201 Sattenberg Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston — DATE OF BURIAL: Sept 18 1912

20. UNDERTAKER: C. J. Vassar — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce, Registration District No. 16
City of Lewiston (No. ..... St.) Primary Registration District No. 1009
File No. 3033
Registered No. 105
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wm. Galloway

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Sept (Month) 20 (Day) 1845 (Year)

7. AGE: 66 yrs. 11 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ind.

10. NAME OF FATHER: Levi Sermon

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jno. Westling
(Address)

15. Filed Oct 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 17 (Day) 191- (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 191- to Sept 17 191-
that I last saw him alive on Sept 17 191-,
and that death occurred on the date stated above, at 8 30 P M.

The CAUSE OF DEATH* was as follows:
Heart failure following prostatectomy
(Duration) ..... yrs. about 6 mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul V. Johnson M. D.
Sept 1912 (Address) Clarkston Wash

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: C J Vassar — ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. 306 Sixth St.)

File No. 3040
Registered No. 106
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Elizabeth Drake

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May (Month) 4 (Day) 1846 (Year)

7. AGE: 66 yrs. 4 mos. 17 ds.
IF LESS than 1 day how many.....hrs. or .....min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Woman
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Jas E Rowland

11. BIRTHPLACE OF FATHER (State or Country): N. C.

12. MAIDEN NAME OF MOTHER: Roda Hickman

13. BIRTHPLACE OF MOTHER (State or Country): N C

14. THE ABOVE IS TRUE TO THE BEST OF M[illegible] VLEDGE
(Informant) Oran P Drake
(Address) Lewiston Ida[illegible]

15.
Filed Oct 10 1912 L. J. Ba[illegible]is

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 21st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 10th 1912, to Sep 21st 1912, that I last saw h[illegible] alive on Sep 21st 1912, and that death occurred on the date stated above, at 8. a. M.

The CAUSE OF DEATH* was as follows:

Jaundice

(Duration) yrs. 1 mos. ds.

Contributory (Secondary): Paralysis

(Duration) 2 yrs. mos. ds.

(Signed) J. R. Mosley M. D.
Sep 22 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 9-22 1912

20. UNDERTAKER: [illegible] Vassar
ADDRESS: Lewiston

[redacted]

BYMS-YORK CO., PRINTERS & BIND[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 3041
Registered No. 107
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mamie Rogers

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH: May (Month) 4 (Day) 1900 (Year)

7. AGE: 12 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pomeroy Wash

10. NAME OF FATHER: Bert Rodgers

11. BIRTHPLACE OF FATHER (State or Country): Walla Walla Wash

12. MAIDEN NAME OF MOTHER: Ollie Long

13. BIRTHPLACE OF MOTHER (State or Country): Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas. Ford
(Address) Lewiston Idaho

15. Filed Oct 10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 25th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Sept 25th 1912
that I last saw her alive on Sept 25 1912,
and that death occurred on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Appendicitis disease of Liver
(Duration) — yrs. — mos. — ds.
Contributory (Secondary) Chronic
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. P. Bourne M. D.
Sept 26 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston. DATE OF BURIAL: Sept-26 1912

20. UNDERTAKER: C J Vassar ADDRESS: Lewiston.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. [redacted] 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3042
Registered No. 108

1. PLACE OF DEATH Registration District No. 12
County of [redacted] Primary Registration District No. 2187
City of Sweet Water (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George H Sisson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Aug. (Month) 26 (Day) 1851 (Year)
7. AGE: 21 yrs. 1 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Wm Sisson
11. BIRTHPLACE OF FATHER (State or Country): Ind.
12. MAIDEN NAME OF MOTHER: Eva Butterfield
13. BIRTHPLACE OF MOTHER (State or Country): Ind
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Helga Wood
(Address) Sweet Water Ida
15. Sept 27 1912 John N Alley Local Registrar
[redacted] 148

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 26 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1912, to Sept 26 1912 that I last saw h[redacted] alive on Sept 20 1912 and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:
Tuberculosis
..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Bowel Bowel
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John N Alley M. D.
Sept 26 1912 (Address) Raft River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sweet Water — DATE OF BURIAL: Sept 27 1912
20. UNDERTAKER: Mann Bros — ADDRESS: Raft River

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 9043
Registered No. 109

1. PLACE OF DEATH.
County of Bezpere.
City of Melrose, (No. ....., ... St.)
Registration District No. 16.
Primary Registration District No. 2074
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Thomas J. Stephens.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: Feby — 14th 1859. (Month) (Day) (Year)
7. AGE: 53 yrs. 7 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) Farmer.
9. BIRTHPLACE (State or Country) Missouri
10. NAME OF FATHER R. H. Stephens
11. BIRTHPLACE OF FATHER (State or Country) Kentucky.
12. MAIDEN NAME OF MOTHER Jennie Hill.
13. BIRTHPLACE OF MOTHER (State or Country) Missouri
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Melrose
(Address) Melrose Ida.
15.
Filed 9-29 1912 E. E. Watts
Oct. 10-1912 E. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sep — 27th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sep 22nd 1912, to Sep 27th 1912, that I last saw him alive on Sep 22nd 1912, and that death occurred on the date stated above, at 11:30 M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
..... (Duration) 6 yrs. 5 mos. 10 ds.
Contributory Dilatation of Heart
(Secondary) Dilatation of Heart (Duration) 2 yrs. ✓ mos. ✓ ds.
(Signed) J. J. Hennington M. D.
Sept 28th 1912 (Address) Gifford Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Melrose — DATE OF BURIAL: 9-29 1912
20. UNDERTAKER: W. E. Stoddard — ADDRESS: Gifford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21
Primary Registration District No. 2013
File No. 3044
Registered No. 56

1. PLACE OF DEATH.
County of Blaine
City of Old Canal (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Hobdey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 20 (Day) 1827 (Year)

7. AGE: 85 yrs. ..... mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) England

10. NAME OF FATHER Wm Hobdey

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Martha Pratt

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Hobdey
(Address) Conrad

15. Filed Sept 10 1912 Robert H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1912, to Sept 3 1912 that I last saw h— alive on Sept 2 1912, and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:
Old age. Senility

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D O Higgs M. D.
Sept 3 1912 (Address) Golden Dale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Canal
DATE OF BURIAL: Sept 4 1912

20. UNDERTAKER: Chas Babbington
ADDRESS: Canal

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Elmore Primary Registration District No. 7022
City of Bellevue (No. ____, ____ St.)
File No. 2045
Registered No. 55
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Robert J. Hodgin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: wht.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec. 14 (Month) (Day) 1878 (Year)

7. AGE: 33 yrs. 8 mos. 20 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: R. J. Hodgin.

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Susan Chandler

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Hodgin.
(Address) Bone

15. Filed Sept 14 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Burned to Death

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert K. Wright Coroner M. D.
Sept 3 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Bellevue Ida — DATE OF BURIAL: Sept 13 1912

20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Bellevue
(No. ....., ... St.)

Registration District No. 21
Primary Registration District No. 2022

File No. 3046
Registered No. 54

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edwin Albert Wilson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Apr (Month) 8 (Day) 1881 (Year)

7. AGE: 31 yrs. 5 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Joseph Wilson

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Turner

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. J. Allen
(Address) Bellevue

15. Filed Sept 10 1912 Robert H. Lough
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1912, to Sept 8 1912, that I last saw him alive on Sept 8th 1912, and that death occurred on the date stated above, at 9 a. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Consumption
.....
.....
(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Allen M. D.
Sept 8 1912 (Address) Bellevue

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue
DATE OF BURIAL: Sept 9 1912

20. UNDERTAKER: Ralph Harris
ADDRESS: Hailey Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEAL
Bureau of Vital Stat

Registration District No. 21

Primary Registration District No. 7022

File No. 2047

Registered No. 5

1. PLACE OF DEATH.
County of Blaine
City of Bellevue (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hos pital or institution or camp give it instead of street and nu

2. FULL NAME Jack A. McKinnon.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 38 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. A. Jones
(Address) Bellevue Idaho

15. Filed Sept 7 1912 Robert H. Wright
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 5 (Day)

17. I HEREBY CERTIFY, That I attended deceased ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Burned to Death

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Robert H. Wright Coroner
Sept 3 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue Idaho
DATE OF B... Sept 9

20. UNDERTAKER: R. D. Harris
ADDRESS Hailey

BYRD-YORK CO., PRINTERS & STATIONERS, DENVER 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEA
Bureau of Vital Sta

1. PLACE OF DEATH. Registration District No. 71

County of Blaine Primary Registration District No. 7072

City of Willow Creek (No. ....., ... St.)

File No. 304

Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alex Tempeman

If death occurred in a hospital or institution or camp give its instead of street and nu

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Jones
(Address) Bellevue Idaho

15. Filed Sept 18 191 2 Robert H. Wright
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept - (Month) 18 - (Day) (Y

17. I HEREBY CERTIFY, That I attended deceased
..... 191..., to 19
that I last saw h..... alive on 19
and that death occurred on the date stated above, at .....

The CAUSE OF DEATH* was as follows:
Gun Shot
.....
.....
..... (Duration) ..... yrs. ..... mos. .....

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. .....

(Signed) Robert H. Wright Co
Sept 18 1912 (Address) Hailey Id

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, s MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institu Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hailey | DATE OF BU: Sept 20

20. UNDERTAKER: R D Harris | ADDRESS: Hail

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. **PLACE OF DEATH.** Registration District No. _____ Bureau of Vital Statistics

County of Blaine Primary Registration District No. 2024 File No. 2049

City of Near Howe (No. _____, _____ St.) Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Napoleon Winfield Brinker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** M.

4. **COLOR OR RACE** W.

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** Married. (*Write* the word.)

6. **DATE OF BIRTH** Mar (Month) 27 (Day) 1849 (Year)

7. **AGE** 63 yrs. 5 mos. 21 ds. IF LESS than 1 day how many..... *hrs.* or ..... *min.*

8. **OCCUPATION**
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Ohio

10. **NAME OF FATHER** Jacob R. Brinker

11. **BIRTHPLACE OF FATHER** (State or Country) Ohio.

12. **MAIDEN NAME OF MOTHER** Elizabeth Springer

13. **BIRTHPLACE OF MOTHER** (State or Country) Ohio.

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Lenore Brinker

(Address) Howe

15.

Filed Sept 18 1912 D W Matthaei M.D. Local Registrar

R Lunt Deputy

MEDICAL CERTIFICATE OF DEATH

16. **DATE OF DEATH** Sept (Month) 18 (Day) 1912 (Year)

17. **I HEREBY CERTIFY, That I** did not attend deceased

..... 191..., to ..... 191.....

that I last saw h im alive about 2 months ago

and that death occurred on the date stated above, at 5 Bo A.M.

The **CAUSE OF DEATH*** was as follows:

Cerebral apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) "Heart disease"

..... (Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) D W Matthaei M. D.

Sept 18 1912 (Address) Arco, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19. **PLACE OF BURIAL OR REMOVAL** Howe Cemetery — **DATE OF BURIAL** Sept 19 1912

20. **UNDERTAKER** J. M. Welsh — **ADDRESS** Howe Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 11
Primary Registration District No. 2048
File No. 2150
Registered No. 41

1. PLACE OF DEATH.
County of Bannock
City of Soda Springs
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James J. Shelton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: May (Month) 30 (Day) 1876 (Year)

7. AGE 36 ~~40~~ yrs. 3 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business, or establishment in which employed (or employer): /

9. BIRTHPLACE (State or Country): Atlanta Georgia

10. NAME OF FATHER: /

11. BIRTHPLACE OF FATHER (State or Country): /

12. MAIDEN NAME OF MOTHER: Octavia Ball

13. BIRTHPLACE OF MOTHER (State or Country): /

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edith Shelton
(Address) 52 First Ave.

15.
Filed Oct 10, 1912 Ellis Kinney
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH about Sept. 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h— alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Not Known
Found Dead

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ellis Kinney M. D.
Sept 20 1912 (Address) Ellis Kinney Soda

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello Idaho | DATE OF BURIAL: Sept 30 1912

20. UNDERTAKER: P. B. Walker | ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

[redacted] E OF DEATH

Form V. S.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 0

County of Elmore Primary Registration District No. 2020

City of Mountain Home (No. ....., ... St.)

File No. 2051

Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Benjamin D White

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Oct (Month) 8 (Day) 1884 (Year)

7. AGE: 24 yrs. 10 mos. 4 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: Lyman White

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Julia E. Harley

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X B. Whitaman
(Address) Mountain Home

15.
Filed Sept 5 1912 W. L. Davis Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw him alive on August 1912,
and that death occurred on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Gun shot wound inflicted by himself suicide

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Poor health
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) S. H. D. Eaton Coroner M. D.
9/5 1912 (Address) Mtn Home, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Boise — DATE OF BURIAL: 9/6 1912

20. UNDERTAKER: J. M. Crowe — ADDRESS: Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mtn. Home
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020
(No. ....., ... St.)

File No. 9052
Registered No. 30
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James L Morgan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Dec 15th 1911
8 (Months) 27 (Days) (Year)

7. AGE: ..... yrs. 8 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Mtn. Home.

10. NAME OF FATHER: Louis J Morgan

11. BIRTHPLACE OF FATHER (State or Country): New York. N.Y.

12. MAIDEN NAME OF MOTHER: Mildred Wildman

13. BIRTHPLACE OF MOTHER (State or Country): Mtn. Home

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis J Morgan
(Address) Mountain Home Idaho

15.
Filed Sept 12 1912 W.L. Fraser
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September 11th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 8 1912, to Sept 11 1912
that I last saw h[illegible] alive on Sept 11 1912,
and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Whooping cough, Pneumonia and Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W.L. Fraser M. D.
Sept 12 1912 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountain Home
DATE OF BURIAL: Sept 12th 1912

20. UNDERTAKER: J M Comer
ADDRESS: Mt Home

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



Form V. S. No. 5. 10M. 6-20-11.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mountain Home (No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020

File No. 2053
Registered No. 31
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wm. W. Acor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH
— (Month) — (Day) 1 (Year)

7. AGE: 63 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer) —

9. BIRTHPLACE (State or Country) —

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Easton, Coroner
(Address) Mt Home

15.
Filed Sept 5 1912 C. L. Frazier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept 4th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191...
that I last saw him alive on Sept 2nd 1912,
and that death occurred on the date stated above, at 8-9, M.

The CAUSE OF DEATH* was as follows:
Gun shot wound while in his room at Hotel Evans, Suicide
(Duration) — yrs. — mos. — ds.

Contributory (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) H. H. Easton Coroner M. D.
Sept 4th 1912 (Address) Mt Home, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Mountain Home
DATE OF BURIAL: Sept 6 1912

20. UNDERTAKER: J. M. Cowan ADDRESS: Mt Home

IVMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mtn Home
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020
(No. ....., ... St.)

File No. 3054
Registered No. 32
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Unidentified

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
45 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) —

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Easton
(Address) Mt Home (Coroner)

15.
Filed Sept. 16 1912 W. L. Frazer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept 14th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Killed on R.R. track 15 miles west of Mtn Home, boy by being struck by fast freight train
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. H. Easton Coroner M. D.
19..... (Address) Mt Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mtn Home, Ida.	Sept 16 1912

20. UNDERTAKER	ADDRESS
J. M. Cowen	Mtn Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 11 2055
Registered No. 61

1. PLACE OF DEATH.
County of Elmore
City of Smith Prairie
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

2. FULL NAME Ira Lindsay

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	single

6. DATE OF BIRTH
August (Month) 15th (Day) 1836 (Year)

7. AGE
76 yrs. 1 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work retired
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Knoxville Ill.

10. NAME OF FATHER Mr Lindsay

11. BIRTHPLACE OF FATHER (State or Country) America

12. MAIDEN NAME OF MOTHER not obtainable.

13. BIRTHPLACE OF MOTHER (State or Country) America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bessie Russell.
(Address) Kuna Idaho.

15.
Filed 10/10 — 1912
Dr. G. E. Shawhan
Esmeralda
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
October (Month) 7th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1905, to Oct 7 1911, that I last saw him alive on October 1911, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Died Suddenly. Had Chronic bronchitis, was very old and feeble. Cause probably Senility, influenced by Chronic
(Duration) supposed yrs. mos. ds.
Contributory (Secondary) Dr Shawhan not seen him in 1 yr.
(Duration) yrs. mos. ds.
(Signed) L. P. McCalla M. D.
10/9 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence Kuna Ada County

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery	Oct. 9 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Oct. 11, 1912 G. E. Shawhan

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mountain Home (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 2020

File No. 3056
Registered No. 83
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charlotte Alice McKibbon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Nov (Month) 14th (Day) 1876 (Year)

7. AGE: 36 yrs. 10 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Omaha Nebr

10. NAME OF FATHER: A.W. Stitt.

11. BIRTHPLACE OF FATHER (State or Country): Kent

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bert McKibbon
(Address) Mtn Home, Ida.

15.
Filed Oct 1 1912 W L Frazier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month) 30th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21st 1910., to September 30th 1912
that I last saw her alive on Sept. 30th 1912,
and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 2 yrs. — mos. — ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B.W. Walker M. D.
Sept 30 1912 (Address) Mountain Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hailey Idaho
DATE OF BURIAL: Oct 2nd 1912

20. UNDERTAKER: J.M. Cowan
ADDRESS: Mountain Home Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mountain Home (No. ....., ... St.)

Registration District No. 20
Primary Registration District No. 2020

File No. 3057
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Daniel Fitzwater

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH
March 4 (Month) 4 (Day) 1842 (Year)

7. AGE
70 yrs. 6 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maryland

10. NAME OF FATHER: Silas Fitzwater

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Martha A. E Rowar

13. BIRTHPLACE OF MOTHER (State or Country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac N. Fitzwater
(Address) Mountain Home

15.
Filed Sept 28 1912 W. L. Troxel Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept 27 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 25 1912, to Sept 27 1912
that I last saw h[illegible] alive on Sept 26 1912,
and that death occurred on the date stated above, at 7 PM.

The CAUSE OF DEATH* was as follows:
Primary Pulmonary Tuberculosis
Arteriosclerosis
Chronic consolidation Left Lung
(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hawley M. D.
Sept 28 1912 (Address) Mountain Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountain Home
DATE OF BURIAL: Sept 29 1912

20. UNDERTAKER: J. M. Rowan
ADDRESS: Mountain Home

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3058
Registered No. 35

1. PLACE OF DEATH.
County of Elmore
City of Glenn's Ferry (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2021

2. FULL NAME John White McAnulty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: September (Month) 13th (Day) 1837 (Year)

7. AGE: 75 yrs. 11 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: William McAnulty

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. A. McAnulty
(Address) Glenn's Ferry Idaho

15.
Filed Sept. 3d 1912 J. W. Doors
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: September (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26th, 1912, to Sept 2nd, 1912
that I last saw him alive on Aug 23rd, 1912,
and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:

Prostatitis

Probably (Duration) 10 yrs. mos. ds.
Contributory (Secondary) Senility
(Duration) 10 yrs. mos. ds.

(Signed) J. W. Doors M. D.
Sept 3d 1912 (Address) Glenn's Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Glenn's Ferry Idaho
DATE OF BURIAL: Sept. 3d 1912

20. UNDERTAKER: S. A. McAnulty
ADDRESS: Glenn's Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Filer

Registration District No. 23
Primary Registration District No. 7086
(No. ....., ... St.)

File No. 3059.
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME (Not named) Buchanan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Sngl

6. DATE OF BIRTH: 9 (Month) 15 (Day) 1917 (Year)

7. AGE: ..... yrs. ..... mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Filer Ida

10. NAME OF FATHER: Wm Buchanan

11. BIRTHPLACE OF FATHER (State or Country): Nashville Tenn

12. MAIDEN NAME OF MOTHER: Ida Franklin

13. BIRTHPLACE OF MOTHER (State or Country): Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Buchanan
(Address) Filer Ida

15. Filed 9/21 191 7 A A Newberry
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9 (Month) 21 (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 ..., to ..... 191 ...
that I last saw h..... alive on ..... 191 ...
and that death occurred on the date stated above, at 8 a M.
The CAUSE OF DEATH* was as follows:
Not known

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr. A A Newberry M. D.
9-21 19 7 (Address) Filer

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida
DATE OF BURIAL: 9-22 191 7

20. UNDERTAKER: Irvine
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2087 23
Primary Registration District No. 2087
File No. 2060
Registered No.

1. PLACE OF DEATH.
County of Twin Falls.
City of 3½ N. Buhl. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Fairchild

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W.	Single

6. DATE OF BIRTH: 9 (Month) 25 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Twin Falls. Co.

10. NAME OF FATHER: S. Fairchild

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Malissa Sharp

13. BIRTHPLACE OF MOTHER (State or Country): Ark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. Fairchild
(Address) Buhl Idaho

15.
Filed 9-27 1912
J. T. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9 (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-25 1912, to 9-25 1912
that I last saw her alive on 9-25 1912
and that death occurred on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth.

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Murphy M. D.
9-26 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
at Home.	9-29 1912
20. UNDERTAKER	**ADDRESS**
Home	

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls. Registration District No. 208723
City of Buhl. Primary Registration District No. 2087
(No. ....., ... St.)
File No. 3061
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Walter T. Greaves.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Oct (Month) 28 (Day) 1857 (Year)

7. AGE: 60 yrs. 11 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: rancher
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Yorkshire Lakelack, Eng.

10. NAME OF FATHER: Alonzo B. Greaves

11. BIRTHPLACE OF FATHER (State or Country): Lake Lock England

12. MAIDEN NAME OF MOTHER: Mary Wright

13. BIRTHPLACE OF MOTHER (State or Country): Middleton Eng.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Clara R. Greaves
(Address): Buhl Ida.

15.
Filed 9-14 1912
J. W. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Sept 13 1912
that I last saw him alive on Sept 13 1912
and that death occurred on the date stated above, at 8 P.M.,
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

..... (Duration) 1 yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. Wetherbee M. D.
Sept. 14 1912 (Address) Buhl Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida — DATE OF BURIAL: 9-15 1912

20. UNDERTAKER: W. B Evans — ADDRESS: Buhl Ida

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 2062
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of " "
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas A. Fisher

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Married (or widowed)

6. DATE OF BIRTH: Dec. 22 (Month) (Day) 1874 (Year)

7. AGE: 37 yrs. 3 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: John W Fisher

11. BIRTHPLACE OF FATHER (State or Country): Maysville Ky.

12. MAIDEN NAME OF MOTHER: Martha J Coleman

13. BIRTHPLACE OF MOTHER (State or Country): Paris Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary E. Gerrish
(Address) McKinney Texas

15. Filed 9-6 1912 John T Brigham Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 4th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on about ..... 191...,
and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:-
Loss of blood, caused from gun shot severing femoral artery in right leg
Shot fired by Bryan Trouter Buchanan
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles J. Crosby Coroner
19.... (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls DATE OF BURIAL: Sept 6 1912

20. UNDERTAKER: C J Crosby ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS [illegible] CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of " "
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2085
(No. ..... St.)

File No. 2063
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Perry Ross

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht.	

6. DATE OF BIRTH: Apr. 20 1911
(Month) (Day) (Year)

7. AGE: 1 yrs. 8 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kimberly Ida

10. NAME OF FATHER J L Ross.

11. BIRTHPLACE OF FATHER (State or Country) Missouri.

12. MAIDEN NAME OF MOTHER Lulu Brown

13. BIRTHPLACE OF MOTHER (State or Country) Colo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Ross
(Address) Twin Falls

15. Filed Sept 7 1912 John T. Boyd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 5 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1912 to Sept 4 1912, that I last saw h im alive on Sept 4 1912, and that death occurred on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:
Convulsions due to
Intestinal Auto Intoxication
(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Boyd M. D.
Sept. 5 1912 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls. DATE OF BURIAL: Sept 6. 1912

20. UNDERTAKER: J Crosby ADDRESS: Twin Falls.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2086.
File No. 2064
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Macauley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	married

6. DATE OF BIRTH
July (Month) 10th (Day) 1848 (Year)

7. AGE
64 yrs. 2 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry business, or dstablishment in which employed (or employer) Contractor

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER John McAuley

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Martha Mahon

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas C. McAuley
(Address) Twin Falls, Idaho

15.
Filed 9-23 1912 John T. Coughlan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1912, to Sept 23 1912, that I last saw h. alive on Sept 23 1912, and that death occurred on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

Suppression of Urine
(Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) Obstruction of Bowels
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Duncan L. Alexander M.D.
9/23 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR [redacted] DATE OF BURIAL
Twin Falls 9-25 1912

20. UNDERTAKER J. Crosby ADDRESS Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of " "
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 7085
(No. ....., ... St.)

File No. 3066
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Mary C Woods.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: July 1 (Month) (Day) (Year)

7. AGE: 56 yrs. 2 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Mc Tier

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emilie Lind
(Address) 233 7. Av E.

15.
Filed 9-30 191 2 John F Bagley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept 28 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 191 2, to Sept. 28 191 2,
that I last saw her alive on Sept. 28 191 2,
and that death occurred on the date stated above, at 10 P M.

The CAUSE OF DEATH* was as follows:
Cholangitis

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.
Sept 30 191 2 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Greenwood Downs
DATE OF BURIAL: 9-30 191 2

20. UNDERTAKER: C J Hersley
ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 43
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 3067
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fred Tschannen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
April 1st, 1878
(Month) (Day) (Year)

7. AGE
34 yrs. 5 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE
(State or Country) Switzerland

10. NAME OF FATHER: John Tschannen

11. BIRTHPLACE OF FATHER
(State or Country) Switzerland

12. MAIDEN NAME OF MOTHER: Mary Heimberg

13. BIRTHPLACE OF MOTHER
(State or Country) Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rudolph Tschannen
(Address) Kenyon Ida.

15.
Filed 9-30 191 2 John F. Kreydelbach
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept. 28, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Rail road accident 3 1/2 m
miles east of Twin Falls on
O.S.L. Rail road
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Crosby Coroner M. D.
19.... (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence Removal

19. PLACE OF ~~BURIAL OR REMOVAL~~ Montgomery Ida. DATE OF BURIAL ..... 191...

20. UNDERTAKER C. J. Crosby ADDRESS Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2085
File No. 3063
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna B. Note

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	Married (Write the word.)

6. DATE OF BIRTH: Dec. 10, 1870 (Month) (Day) 1 (Year)

7. AGE: 41 yrs. 10 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Abner N. Newman

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Malida J. Frady

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. O. Newman
(Address) Jerome

15. Filed 9-27 1912 John F. Engleking Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9-27 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1912, to Sept 27 1912; that I last saw her alive on Sept 27 1912; and that death occurred on the date stated above, at 1 o'clock P.M.

The CAUSE OF DEATH* was as follows:
Cholelithiasis
Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John F. Schmerstall M. D.
9/27 1912 (Address) Jerome Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 days. In the State 3 yrs. 9 mos. ..... days.
Where was disease contracted if not at place of death? Jerome Ida
Former or usual residence Jerome Ida

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Jerome
DATE OF BURIAL: 9-30 1912

20. UNDERTAKER: C. J. Crosby
ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2085

File No. 3069

County of Twin Falls

City of Twin Falls (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME No Name

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
M	White	—(Write the word.)—

6. DATE OF BIRTH

Sept. 25, 1912
(Month) (Day) (Year)

7. AGE

..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..2.... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Twin Falls

10. NAME OF FATHER Robt. McShane

11. BIRTHPLACE OF FATHER (State or Country) New York City

12. MAIDEN NAME OF MOTHER Adria Wise

13. BIRTHPLACE OF MOTHER (State or Country) Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt. McShane

(Address) Contact Nev.

15. Filed Sept 27 1912 Joseph Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Sept (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1912, to Sept 25 1912, that I last saw him alive on Sept 25 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.

Sept 25 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Twin Falls	Sept 27 1912

20. UNDERTAKER	ADDRESS
C. J. Crosby	Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2085.

File No. 3070

County of Twin Falls

City of Twin Falls (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John D. James

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct. 4th, 1857 (Month) 1 (Day) (Year)

7. AGE: 54 yrs. 11 mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: John James

11. BIRTHPLACE OF FATHER (State or Country): Mi Unknown

12. MAIDEN NAME OF MOTHER: Ester Francis

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. James.
(Address) Twin Falls

15. Filed 9-26 191 2 John F. Cupkin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 24 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13th 191 2, to Sept 24 191 2, that I last saw him alive on Sept 24 191 2, and that death occurred on the date stated above, at 8:10 P.M.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis & Dilatation of Heart

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Typhoid Fever

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed) E. M. Cau & Hansen M. D.

Sept 25 19 12 (Address) Twin Falls Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Twin Falls — DATE OF BURIAL: Sept 27 191 2

20. UNDERTAKER: O. J. Crosby — ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3071
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of " "

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ernest E. Krengel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. (Month) 7 (Day) 1858 (Year)

7. AGE: 54 yrs. 9 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Ernest A Krengel

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Krengel
(Address) Twin Falls

15.
Filed 9-26 1912 John T. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1912, to Sept 23 1912
that I last saw h~~im~~ alive on Sept 23 1912
and that death occurred on the date stated above, at 2 ~~P~~ A M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) Perforation bowel
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. R. Morgan M. D.
Sept 26 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: 6-26 1913

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2086
(No. ....., ... St.)

File No. 3072
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME D. Nichols Collier

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country) Ky.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Crosby
(Address) Twin Falls Ida

15.
Filed 9-30 1912 John Hughes
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept 29 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
Suicide with Cyanide of Potassium. Left La Clede
roaming house Twin
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. Crosby M. D.
9 30 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL ~~OR REMOVAL~~ | DATE OF BURIAL
Twin Falls | Oct 1 191..

20. UNDERTAKER | ADDRESS
J. Crosby | Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3073
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Kamiah
(No. ....., ... St.)

Registration District No. 25
Primary Registration District No. 2111

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME W. H. Finney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Unknown

6. DATE OF BIRTH Unknown ..... 1 .....
(Month) (Day) (Year)

7. AGE About 52 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Working on logging shute in woods
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Hauge
(Address) St. Maries Ida.

15.
Filed Oct 17 1912 D. Chas. L. Pettit

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Aug 31st. 11 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: No Doctor in attendance Injury considered unnecessary by Coroner.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Accidentally Kitby Coy. on Head
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL St Maries
DATE OF BURIAL Sept 8 1912

20. UNDERTAKER Ready
ADDRESS St Maries Ida

Coroner Case

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 25
County of Shoshone Primary Registration District No. 2111
City of Kellogg (No. ....., ... St.)
File No. 3074
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ignick Carlo

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Logging Camp

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Connacher
(Address) Kellogg

15. Filed Oct 17 1912 Dr. Chas. A. Wittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Instant death Trauma
Mine

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. E. Connacher M. D.
Oct 1 1912 (Address) Kellogg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kellogg
DATE OF BURIAL: Oct 3 1912

20. UNDERTAKER: Undecided
ADDRESS: Kellogg

Coroner Case

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH. Registration District No. 13

County of Shoshone Primary Registration District No. 2111 Bureau of Vital Statistics

City of Kellogg (No.) File No. 3075

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME [redacted] Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 34 yrs. [illegible] mos. [illegible] ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Logging Camp

9. BIRTHPLACE (State or Country): [illegible]

10. NAME OF FATHER: [illegible]

11. BIRTHPLACE OF FATHER (State or Country): [illegible]

12. MAIDEN NAME OF MOTHER: [illegible]

13. BIRTHPLACE OF MOTHER (State or Country): [illegible]

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) [illegible]

15. Filed Oct 17 1911 Dr. Chas. A. Pittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: ..... (Month) [illegible] (Day) 1911 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., to ..... 191..... that I last saw h[illegible]ive on ..... 191..... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Instant death
Railroad accident

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Oct 19/1 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: Oct 19 1911

20. UNDERTAKER: [illegible] ADDRESS: [illegible]

Coroner Case

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3077

Registered No.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 25

Primary Registration District No. 2109

County of Shoshone

City of Lem (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Patton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. (Month) 14 (Day) 1912 (Year)

7. AGE: 30 yrs. 6 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Isaac Patton

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Sally Spencer.

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Patton
(Address) Lem Idaho.

15. Filed Sept 20 1912 A. Chas. C. Rittenhouse Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10th Sept. 1912, to 1912
that I last saw him alive on 10th Sept. 1912
and that death occurred on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis pulmonary

..... (Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alexander Carter M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Sept. 17 1912

20. UNDERTAKER: B. L. Worstell ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wardner (No. ....., ... St.)

Registration District No. 25
Primary Registration District No. 2106

File No. 3078
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret Robertson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 37 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Walter McDermid

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Euphemia cont learn last name.

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Oct 10 1912 — W. Chas. A. Dettman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9 (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1912, to 9/13 1912
that I last saw h[illegible] alive on 9/13 1912
and that death occurred on the date stated above, at 6 A. M.
The CAUSE OF DEATH* was as follows:
Septic Infection
Gave birth to child had use of Forceps, at time of delivery.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Mason, M. D.
..... 19..... (Address) Kellogg, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kellogg — DATE OF BURIAL: Sept 16 1912

20. UNDERTAKER: Thornhill — ADDRESS: Kellogg Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2404 25
County of Shoshone Primary Registration District No. 2404
City of Wallace (No. Smith Spur (Home) St.) File No. 3079
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jennie Hokoli

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.
6. DATE OF BIRTH: ..... 1 (Month) (Day) (Year)
7. AGE: 21 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Waitress
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Wyoming
10. NAME OF FATHER: Nikola Hokoli
11. BIRTHPLACE OF FATHER (State or Country): Finland
12. MAIDEN NAME OF MOTHER: Mary Wilson
13. BIRTHPLACE OF MOTHER (State or Country): Finland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Smith
(Address) Wallace
15. Filed Sept 10 1912 R. Chas. A. Dettman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 5th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from May 16 1912, to June 10 1912 that I last saw h.. alive on June 10 1912 and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. R. Mowery M. D.
Sept 5 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kingston — DATE OF BURIAL: Sept 6 1912
20. UNDERTAKER: H. P. Ward. — ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH. Registration District No. 12

County of Nortman Primary Registration District No. 2041

City of Ramsdale (No. ....., ... St.)

Bureau of Vital Statistics

File No. 3080

Registered No. 138

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Cunsunt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: About 24 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Machine Operator

(b) General nature of industry business or establishment in which employed (or employer): C. M. & P. S. R.R.

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER: Vito Cunsunt

11. BIRTHPLACE OF FATHER (State or Country): Italy.

12. MAIDEN NAME OF MOTHER: Unknown.

13. BIRTHPLACE OF MOTHER (State or Country): Italy.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tony Cunsunt.

(Address) Ramsdale

15. Filed 10 1917

S. H. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. 1 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....

that I last saw h..... alive on ..... 191.....

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidently hit by train

Instant considered & unnecessary by Coroner

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Neely Coroner M. D.

Feb 2 1912 (Address) Ramsdale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: St. Marys DATE OF BURIAL: Feb. 2 1912

20. UNDERTAKER: H. E. Mulcahy ADDRESS: St. Marys

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH. Registration District No. 12

County of Kootenai Primary Registration District No. 2049

City of St Maries (No. ....., ... St.)

Bureau of Vital Statistics

File No. 3081

Registered No. 144

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME F. Hall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: about 38 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer Jack
(b) General nature of industry, business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W Le Maleaney
(Address) St Maries

15.
Filed 10/16 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobular

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C Mowry Conner M. D.
June 15 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: June 17 1912

20. UNDERTAKER: W Le Mahaney — ADDRESS: St Maries

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

1. **PLACE OF DEATH.**
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

Bureau of Vital Statistics
File No. 3082
Registered No. 145
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Keith Clifford Barr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. **DATE OF BIRTH** Oct (Month) 3 (Day) 1897 (Year)

7. **AGE** 14 yrs. 8 mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. **OCCUPATION**
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. **BIRTHPLACE** (State or Country) Colorado

10. **NAME OF FATHER** Arthur H Barr

11. **BIRTHPLACE OF FATHER** (State or Country) Iowa

12. **MAIDEN NAME OF MOTHER** Ellen B Warrington

13. **BIRTHPLACE OF MOTHER** (State or Country) Iowa

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) A H Barr
(Address) St Marcis

15. Filed 10/10 1912 H. H. Brennaman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** June (Month) 5 (Day) 1912 (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from May 23 1912, to June 5 1912, that I last saw h alive on May 23 1912, and that death occurred on the date stated above, at 30 M.

The **CAUSE OF DEATH*** was as follows:
Acute ulcerative endocarditis

(Duration) ..... yrs. ..... mos. 21 ds.
Contributory (Secondary) Articular rheumatism
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. E. Cornwall M. D.
6/6 1912 (Address) St Maries.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. **PLACE OF BURIAL OR REMOVAL** St Maries — **DATE OF BURIAL** 6/9 1912

20. **UNDERTAKER** Mulcahy — **ADDRESS** St Maries.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3083
Registered No. 146

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mr. John Watson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Mar. (Month) 25 (Day) 1879 (Year)

7. AGE: 63 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Man
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Don't No

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Watson
(Address) St Maries

15.
Filed 10/10 1912
M. A. Shepman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1912, to June 12 1912
that I last saw h[illegible] alive on June 12 1912
and that death occurred on the date stated above, at 11a M.
The CAUSE OF DEATH* was as follows:

Lympho-sarcoma neck

..... (Duration) ..... yrs. 5 mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. Cammack M. D.
June 13 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: June 13 1912

20. UNDERTAKER: Mulcahey
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3084
Registered No. 143

1. PLACE OF DEATH.
County of St Joe
City of Kootanai

Registration District No. 12
Primary Registration District No. 2149
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Peter V. Campbell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Scotch

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widower

6. DATE OF BIRTH: Dec 15 (Month) — 1917 (Year) — 1 (Day)

7. AGE: 95 yrs. 2 mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sailor
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Brunswick

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas P. Baker.
(Address) St Joe Idaho.

15. Filed 10/19 March 6 1912 — W. W. Freeman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2nd 1912, to March 5th 1912 that I last saw him alive on March 4th 1912 and that death occurred on the date stated above, at 7 a M.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm P. Lindsay M. D.
19..... (Address) St Joe Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grimes Iowa
DATE OF BURIAL: 1912

20. UNDERTAKER: H. Malcahy
ADDRESS: St Maries Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St. Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3085
Registered No. 142

If death occurred away from usual residence, give facts called for under special information.

2. FULL NAME Charles Church

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 1 (Month) (Day) (Year)

7. AGE: about 50 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hunter & trapper
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. N. Ellis
(Address) St. Maries

15.
Filed 1/10 1912
H. H. Sherman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb 6 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Suicide by firearms
Buck shot.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Hendrickson M. D.
Feb. 5 1912 (Address) Potlatch

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. Maries
DATE OF BURIAL: Feb 6 1912

20. UNDERTAKER: H. L. Imlach
ADDRESS: St. Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3086
Registered No. 141

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2149
City of St. Maries (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma J. Scott.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: April (Month) 29 (Day) 1848 (Year)
7. AGE: 63 yrs. 10 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife.
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Illinois
10. NAME OF FATHER: Elias Hicks
11. BIRTHPLACE OF FATHER (State or Country): Pa.
12. MAIDEN NAME OF MOTHER: Hoxit
13. BIRTHPLACE OF MOTHER (State or Country): Pa
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. O. Scott.
(Address) St Maries.
15. Filed 1/10 1912 H. H. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 12 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug. 1911, to Feb 12 1912
that I last saw h[illegible] alive on [illegible] 1912
and that death occurred on the date stated above, at 9:30 A.M.
The CAUSE OF DEATH* was as follows:
Senile Marasmus
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. J. Konsoluning M. D.
Feb 13 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burial — DATE OF BURIAL: Feb. 14 1912
20. UNDERTAKER: H. L. Ingleday — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2249
File No. 3087
Registered No. 140

1. PLACE OF DEATH.
County of Kootenai
City of St Maries (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME S. J. Moore

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed
6. DATE OF BIRTH: Sept. (Month) 5 (Day) 1839 (Year)
7. AGE: 72 yrs. 5 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Canada
10. NAME OF FATHER: Thos Hickson
11. BIRTHPLACE OF FATHER (State or Country): Canada
12. MAIDEN NAME OF MOTHER: E. Hunt
13. BIRTHPLACE OF MOTHER (State or Country): Canada
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. O. Moore
(Address) St Maries
15. Filed 1910 1912 A. H. Herman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Feb. (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1912, to Feb 24 1912 that I last saw her alive on Feb 24 1912 and that death occurred on the date stated above, at 9 a M.
The CAUSE OF DEATH* was as follows:
Gen Senility
..... (Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. D. Clark M. D.
Sept 24 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. Maries
DATE OF BURIAL: Feb 26 1912
20. UNDERTAKER: H. L. Mankedy
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3088
Registered No. 139

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. E. McFadden

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 1 (Month) (Day) (Year)

7. AGE: About 40 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Working Farmer
(b) General nature of industry business or establishment in which employed (or employer): Farm

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jerry McCarter
(Address) St Maries

15.
Filed 10/1 1912
H. H. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Feb 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Hit by train
accidentally.

..... (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) C. R. Schultz J.P. M. D.
Feb 23 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Feb 24 1912

20. UNDERTAKER: W. H. Hackney
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3089
Registered No. 128

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harry R. Vaughn

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan 1 1 (Month) (Day) (Year)

7. AGE: about 71 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Carpenter
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Belmistad Lake, Ill.

10. NAME OF FATHER: John A Vaughn

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. Blake
(Address) St. Maries

15. Filed 1/10 1912 — H. H. Thomson, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1912, to Jan 24 1912
that I last saw him alive on Jan 23 1912
and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ½ ds.

Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) D. E. Cornwall M. D.
Jan 24 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountain City Iowa — DATE OF BURIAL: Jan 29 1912

20. UNDERTAKER: N. E. Mackay — ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Boundary Primary Registration District No. 2049
City of St. Joe (No. ....., ... St.)
File No. 3090
Registered No. 137

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fred Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Separated

6. DATE OF BIRTH ..... Unk ..... 1 .....
(Month) (Day) (Year)

7. AGE Years 46 yrs ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work... Workin in Logging
(b) General nature of industry business or establishment in which employed (or employer) Camp

9. BIRTHPLACE (State or Country) Unk'n Ire.

10. NAME OF FATHER " "

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Cornwall
(Address) St Joe Ida

15. Filed 1/14 1912 W. H. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Jan 10 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1912 to Jan 10 1912
that I last saw h... alive on Jan 18 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Strangulated Hernia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W E Cornwall M. D.
Jan 14 19 (Address) St. Joe.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 7 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Boul
Former or usual residence "

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER H. L. Culbertson | ADDRESS St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Santa

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3092
Registered No. 135

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harry Bird

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
March 1 (Month) (Day) (Year)

7. AGE
39 yrs. 2 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Laborer in logging
(b) General nature of industry business or establishment in which employed (or employer) Camp

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Renfro
(Address) Santa Ida

15.
Filed 10/4, 1912 A. A. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan. 28 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidentally killed by falling tree
Instantaneous

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. Newby Coroner M. D.
Jan. 29 1912 (Address) Rathdrum

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Stanton Mich — DATE OF BURIAL ..... 191...

20. UNDERTAKER H. Hollenbeck — ADDRESS St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2049
City of St Maries (No. ....., ... St.)

File No. 3093
Registered No. 134

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME P. H. Murphy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Unknown (Month) 1 (Day) ..... (Year)

7. AGE: about 67 yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Helper in Round House
(b) General nature of industry business or establishment in which employed (or employer): C. M. & P. S. R. R.

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Murphy
(Address) Malden, Idaho

15. Filed 1/4 1912 S. A. Sherman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1912, to Jan 3 1912
that I last saw h alive on " " 1912
and that death occurred on the date stated above, at 19 M.
The CAUSE OF DEATH* was as follows:
Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. E. Cornwall M. D.
..... 19..... (Address) St Joe Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 3 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Malden Idaho DATE OF BURIAL 191...

20. UNDERTAKER: W. H. McLeary ADDRESS St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3094
Registered No. 129

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2049
City of St. Maries (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Celia Swope

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 11 (Day) 1910 (Year)

7. AGE: 11 yrs. mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Okla

10. NAME OF FATHER: Le Le Swope

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Stella Indelan

13. BIRTHPLACE OF MOTHER (State or Country): Miss

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Le Le Swope
(Address) St Maries

15.
Filed 1/4 1912
W. H. Hanson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1912, to Jan 24 1912
that I last saw her alive on Jan 24 1912
and that death occurred on the date stated above, at 4a M.
The CAUSE OF DEATH* was as follows:
Bronchial & Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O D. Hall M. D.
Jan 3- 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: St Maries — DATE OF BURIAL: Jan 26 1912

20. UNDERTAKER: H. E. Mankadays — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3107
Registered No. 150

1. PLACE OF DEATH. Registration District No. 2118 12
County of Nez Perce. Primary Registration District No. 2118
City of Reservation (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ? (Month) ? (Day) 1845 (Year)

7. AGE: 67 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Spokane Res.

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Spokane Res.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Spokane Res.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father Caruana
(Address) Drumm, Ida

15. Filed Sept 23 1912 Wm. D. Compton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 20 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
No physician in attendance
About
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Drumm Mission — DATE OF BURIAL: Sept 23 1912

20. UNDERTAKER: None — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

10/10

A. J. Sherman

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3108
Registered No. 97

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2057
City of Rathdrum (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Albert Sutton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: January 4. 1869 (Month) (Day) (Year)

7. AGE: 43 yrs. 8 mos. 19 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Jasper Sutton

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Mary Stout

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Crabtree
(Address) Rathdrum, Ida

15. Filed 10/11 1912 H. H. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 23. 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep. 22. 1912, to Sep. 23 1912
that I last saw him alive on Sep. 23 1912
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

..... (Duration) ..... yrs. 5 mos. — ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. 2 mos. ..... ds.
(Signed) Frank Krug M. D.
9/23. 1912. (Address) Rathdrum, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: Sept 24 1912

20. UNDERTAKER: C E Bolo Ed Lone ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3109

Registered No. 152

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 12 51

County of Kootenai

City of Post Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Benham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorce

6. DATE OF BIRTH: Sept (Month) 1st (Day) 1834 (Year)

7. AGE: 77 yrs. 11 mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Richardson
(Address) Post Falls

15.
Filed 10/10 1912 [illegible] Local Registrar
A. L. Freeman

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29th 1912 to Sept 29th 1912 that I last saw him alive on Sept 29th 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Age + gradual failing for 2 wks. ending with about 2 hours unconsciousness which was in all probability Valvular heart disease
(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary): nothing known
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Stuntz M. D.
9/30 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs, ... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL: Sept 30th 1912

20. UNDERTAKER: Cassady & Nelson ADDRESS: C D Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3110
Registered No. 149

1. PLACE OF DEATH. Registration District No. 42
County of Kootenai Primary Registration District No. 2051
City of Rathdrum (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Christina Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July (Month) 15. (Day) 1830 (Year)

7. AGE: 82 yrs. 2 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Hans Anderson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nelse Nelson
(Address) Rathdrum

15. Filed Oct. 10 1912 D. N. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Septbr. (Month) 15. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
I've investigated this death and certify as Coroner that Old Age was the only cause
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frank Wenz M. D. Coroner
9/15 1912 (Address) Rathdrum, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum — DATE OF BURIAL: 9/16 1912

20. UNDERTAKER: C. E. Bobo — ADDRESS: Rons

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3111

Registered No. 147

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 17

County of Kootenai Primary Registration District No. 2051

City of Granite (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bernice May Delph

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S

6. DATE OF BIRTH: Sept (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: 0
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Granite

10. NAME OF FATHER: James Delph

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Anna Clark

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Delph
(Address) Granite Idaho

15. Filed 9/10 1912 D. D. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Uraemia.
Fever passed uraemic
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Congenital
..... (Duration) ..... yrs. ..... mos. 4 ds.
(Signed) D. D. Brennan M. D.
9/10 1912 (Address) Kellogg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Granite
DATE OF BURIAL: 9-10 1912

20. UNDERTAKER: None
ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 1003
File No. 3112
Registered No. 148

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lee Tyree

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Nov. (Month) 22 (Day) 1911 (Year)

7. AGE: ..... yrs. 9 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): C D'A. Idaho

10. NAME OF FATHER: C. C. Tyree

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Mary Robinson

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C C Tyree
(Address) Coeur D Alene

15.
Filed 9/14 1912 H. H. Sherman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1912, to Sept 10 1912, that I last saw h.. alive on Sept 10 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J O Meyer M. D.
Sept 10 1912 (Address) Coeur D'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. DATE OF BURIAL: Sept. 11 1912

20. UNDERTAKER: Cassedy & Nelson ADDRESS: Coeur D'Al...

SYMS - YORK CO., PTRS. & BDRS. 19760

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy", "Collapse," "Coma," "Convulsions," "Debility, ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2049
City of St. Maries (No. ....., ... St.)
File No. 3113
Registered No. 134

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs H. Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): divorced

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 56 yrs. 0 mos. 0 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Hartman

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Wm Bowman
(Address) Coeur d'Alene, Ida

15. Filed 19 ..... 191 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: about April 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Hanging Suicide

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. Hansen M. D.
April 10 1912 (Address) Coeur d'Alene

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt. Hope Cem. Dist. | DATE OF BURIAL: April 12 1912

20. UNDERTAKER: [illegible] | ADDRESS: [illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3114
Registered No. 155

1. PLACE OF DEATH.
County of Kootenai
City of St. Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Oh Holly Oliver Hauf.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. 1, 1890
(Month) (Day) (Year)

7. AGE: about 45 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sawyer in logging
(b) General nature of industry business or establishment in which employed (or employer): Camp

9. BIRTHPLACE (State or Country): Mont no

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Hays
(Address) St Maries

15.
Filed 10/10 1912
H. H. Sherman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April 1 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental Deaths
Hit by tree

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. R. Johnson M. D.
April 1 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: April 3 1912

20. UNDERTAKER: H. Eichenberg — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3115
Registered No. 156

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME G. E. Falkaird

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 1 (Month) (Day) (Year)

7. AGE: about 35 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Jack
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. L. McKenney
(Address) St Maries

15.
Filed 1/10 1912
S. H. Hemmans
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March 1 (Month) (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191, to 191
that I last saw h..... alive on 191
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowning
Found floating in river

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. R. Schultz J. P. ~~M. D.~~
March 29 19 12 (Address) St. Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: April 191 2

20. UNDERTAKER: H. L. McKenney
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3116
Registered No. 157

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hans McDonald

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown (Month) 1 (Day) ..... (Year)

7. AGE: about 45 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: " " "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: " " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Banton
(Address) St Maries

15.
Filed 10/10 1912
W. P. Sherman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: about April 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental Shooting
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. N. Schmidt M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: May 1 191 2

20. UNDERTAKER: H. H. Buckaway
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3117
Registered No. 158

1. PLACE OF DEATH.
County of Kootenai
City of St Joe

Registration District No. 12
Primary Registration District No. 1949
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Samuel Grant.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE about 45 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work... Water service man
(b) General nature of industry business or establishment in which employed (or employer) C.M.&P.S.R.R.

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. H. Gregg
(Address) Moscow, Idaho

15.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
April 17 th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 11th 1912, to Apr 17 1912
that I last saw him alive on Apr 17 1912
and that death occurred on the date stated above, at 12 a M.

The CAUSE OF DEATH* was as follows:
Carcinoma of the neck.

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm C Lindsay M. D.
Apr 17 1912 (Address) St Joe Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: April 18 1912

20. UNDERTAKER — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

1. PLACE OF DEATH. Registration District No. 24

County of Bear Lake Primary Registration District No. 2098 File No. 3118

City of Montpelier (No. ....., ... St.) Registered No. 37

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Fielding S. Dayton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: December 13th 1923 (Month) (Day) (Year)

7. AGE: 9 yrs. 8 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Single Bear Lake Co. Ida

10. NAME OF FATHER Wm. F. Dayton

11. BIRTHPLACE OF FATHER (State or Country) Cedarfort Utah.

12. MAIDEN NAME OF MOTHER Mary J. Hollick.

13. BIRTHPLACE OF MOTHER (State or Country) Provo City Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Frumbley
(Address) Dingle

15. Filed Oct. 11 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug 22 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1912 to Aug 22 1912 that I last saw h[illegible] alive on Aug 24 1912 and that death occurred on the date stated above, at 6 9 M.

The CAUSE OF DEATH* was as follows:

Gun Shot wound

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Aug 26 1912 (Address) Montpelier

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: none — DATE OF BURIAL: Aug. 24th 1912

20. UNDERTAKER: none — ADDRESS: none

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3119
Registered No. 39

1. PLACE OF DEATH.
County of Bear Lake
City of Bloomington

Registration District No. 24
Primary Registration District No. 2091
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Findlay

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	single

6. DATE OF BIRTH April (Month) 10 (Day) 1883 (Year)

7. AGE 29 yrs. 4 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Teacher
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country) Lake town Utah

10. NAME OF FATHER Alma Findlay

11. BIRTHPLACE OF FATHER (State or Country) Salt Lake City, Utah

12. MAIDEN NAME OF MOTHER Sarah Ann Nebeker

13. BIRTHPLACE OF MOTHER (State or Country) Salt Lake City, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Ann Nebeker
(Address) Bloomington Idaho

15.
Filed Oct 13 1912 J. W. Kingsford
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to October 12 1912
that I last saw her alive on October 12 1912
and that death occurred on the date stated above, at 4:20 P. M.

The CAUSE OF DEATH* was as follows:
Heart exhaustion following general myocarditis

(Duration) 20 about mos. ds.
Contributory (Secondary) Portal Congestion with gall-stones (Duration) 10 yrs. 2 mos. — ds.

(Signed) L. T. A. Hattendorf M. D.
Oct. 13 1912 (Address) Bloomington, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bloomington Idaho — DATE OF BURIAL: Oct 15 1912

20. UNDERTAKER: James Jacobsen — ADDRESS: Bloomington Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3120

Registered No. 38

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 24

County of Bear Lake Primary Registration District No. 2090

City of Fish Haven (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William H. Gardner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Apr (Month) 23 (Day) 1859 (Year)

7. AGE: 53 yrs. 4 mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) London, Eng.

10. NAME OF FATHER Geo Gardner

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER Susan Gobel

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlotte Gardner
(Address) Fish Haven Ida

15. Filed Sept. 20 1917 J.W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept. (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1912, to Sept 11 1912
that I last saw h. alive on Sept 11 1912
and that death occurred on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (Secondary) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J.W. Hayward M. D.

Sept 20 1913 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fish Haven — DATE OF BURIAL: Sept 14 1917

20. UNDERTAKER: J.N. E Stock — ADDRESS: Fish Haven

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3123

Registered No. 96

1. PLACE OF DEATH.
County of Fremont
City of Driggs
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2037
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Morgan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe

6. DATE OF BIRTH: 8/14 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ... 9 ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Driggs Idaho

10. NAME OF FATHER: J W. Morgan

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Isabelle Penfold

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): J W. Morgan
(Address): Driggs Ida

15. Filed Sept 10 1912 Ray H. Fisher Local Registrar
per B D S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 13 1912 to Aug 14 1912 that I last saw her alive on Aug 14 1912, and that death occurred on the date stated above, at 5-30 A M.

The CAUSE OF DEATH* was as follows:
Uremic convulsions

..... (Duration) ..... yrs. ..... mos. 9 hrs. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ora D Keith M. D.

Aug 14 1912 (Address) Driggs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Alta Wyo
DATE OF BURIAL: 8/16 1912

20. UNDERTAKER: J. F. Driggs
ADDRESS: Driggs Id

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3124

Registered No. .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2037

County of Fremont

City of Victor (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Tressa Sinclair

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: July (Month) 30 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 7 1/2 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Jesse Sinclair

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Nellie Pitts

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Owen B. Curtis

(Address) Victor, Ida

15. Filed Sept 10 1912 Ray H. Fisher Local Registrar

per B.D.F.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1912, to Aug 7 1912 that I last saw her alive on Aug 6 1912, and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Bronchitis and Convulsions

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ora D. Keith M. D.

Aug 7 1912 (Address) Driggs, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Victor

DATE OF BURIAL: 8/8 1912

20. UNDERTAKER: Funerals

ADDRESS: Vict...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3127
Registered No. 101

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2038
City of St Anthony (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George H Keefer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: 12 (Month) – 18 (Day) 1867 (Year)

7. AGE: 44 yrs. 9 mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Josiah Keefer

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Isabel Shake

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie Keefer
(Address) St Anthony

15. Filed Oct 10 1912 Ray H. Fisher Local Registrar
per B.D.F.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) – 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accident. Was crushed beneath a load of lumber, neck broken
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W.B. Wash M. D.
9/20 1912 (Address) St Anthony

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lincoln Neb
DATE OF BURIAL ..... 191...

20. UNDERTAKER: W.D. Yager
ADDRESS: St Anthony

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3128

Registered No. 102

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2039

County of Fremont

City of Teton (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary S. Blackford.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: May (Month) 24 (Day) 1840 (Year)

7. AGE: 72 yrs. 3 mos. 2 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Widow
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: George Smith

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Betty Nuttal

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Briggs

(Address) Teton

15. Filed Oct 10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Old age

Probably Myocarditis and Chronic nephritis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Young M. D.

9/26 1912 (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was Disease contracted, if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Teton

DATE OF BURIAL: 8/29 1912

20. UNDERTAKER: J. R. Young

ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3129

Registered No. 104

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 9

County of Fremont Primary Registration District No. 2039

City of Rexburg (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Babe

6. DATE OF BIRTH: 9 (Month) 24 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many... 1 ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Rexburg Ida

10. NAME OF FATHER: Jack Lewis

11. BIRTHPLACE OF FATHER (State or Country): Africa

12. MAIDEN NAME OF MOTHER: Hannah Beesley

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jack Lewis
(Address) Rexburg

15. Filed 10/10 1912 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 9 (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/24 1912, to 9/24 1912 that I last saw him alive on 9/24 1912, and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Premature
7 mos gestation
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. C. Ormsby M. D.
9/25 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 9/25 1912

20. UNDERTAKER: John Phillips
ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039
City of Redburg (No. ....., ... St.)
File No. 3130
Registered No. 103
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice Davey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Babe

6. DATE OF BIRTH Sept 25 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many .2. hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Babe
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Redburg

10. NAME OF FATHER Charles Davey

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Maggie McCulloch

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Davey
(Address) Redburg

15. Filed 10/10 1912 Ray H. Fisher Local Registrar
Rev B.D.2.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 25 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1912, to Sept 25 1912 that I last saw her alive on Sept 25 1912, and that death occurred on the date stated above, at 12 A M.

The CAUSE OF DEATH* was as follows:
Premature Birth, Poly hydramnia
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) K. A Cranmon M. D.
Sept 25 1912 (Address) Redburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Burton
DATE OF BURIAL 9/26 1912

20. UNDERTAKER J R. Young
ADDRESS Redburg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3131
Registered No. 105

1. **PLACE OF DEATH.**
County of Fremont
City of Wilford

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Thomas W Wickham

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. **SEX** M

4. **COLOR OR RACE** W

5. **SINGLE, MARRIED, WIDOWED OR DIVORCED.** (*Write* the word.) Babe

6. **DATE OF BIRTH** Sept 11 (Month) (Day) 1912 (Year)

7. **AGE** ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. **OCCUPATION**
(a) Trade, profession or particular kind of work ..... Babe
(b) General nature of industry business or establishment in employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Idaho

10. [redacted] Vernon H. Wickham

11. **BIRTHPLACE OF FATHER** (State or [redacted] Idaho

12. **MAIDEN NAME OF MOTHER** [redacted] Rashand

13. **BIRTHPLACE OF MOTHER** (State or Country) [redacted]

14. **THE ABOVE IS TRUE ... OF MY KNOWLEDGE**
(Informant) Vernon [redacted] Wickham
(Address) W[redacted]

15. Filed 10/10 1912 Ray W. Fisher Local Registrar
per B.D.J.

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** Sept 11 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1912, to Sept 11 1912 that I last saw h[redacted] alive on Sept 11 1912 and that death occurred on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:
Premature,

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Thurber M. D.
..... 19 ..... (Address) Sugar City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Teton — **DATE OF BURIAL** 9/12 1912

20. **UNDERTAKER** J R Young — **ADDRESS** Rexburg

N. B.—Every item of information should be carefully WRITE PLAINLY, WITH UNFADING INK A PERMANENT RECORD. CIANS should state CAUSE OF DEATH in plain E should be stated EXACTLY. PHYSI- ment of OCCUPATION is very important. Se it may be properly classified. Exact state- on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3132
Registered No. 106

1. PLACE OF DEATH.
County of Fremont
City of Rexburg
Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sterling W Whitney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 21st 1887 (Month) (Day) (Year)

7. AGE: 25 yrs. 4 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John K. Whitney

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: May Pond

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John K. Whitney
(Address) Rexburg

15.
Filed 10/10 1912 Ray W. Fisher Local Registrar
per B.D.F.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9 (Month) – 30 (Day) – 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-26 1912, to 9-30 1912, that I last saw h[illegible] alive on 9-30 1912 and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:
Paralysis of Respiration

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Fracture of Skull
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. G. Eaton M. D.
..... 19 ..... (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg
DATE OF BURIAL: 10/12 1912

20. UNDERTAKER: J. R. Young
ADDRESS: Rexburg

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3133
Registered No. 107

1. PLACE OF DEATH.
County of Fremont
City of Redmung
Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lucile Graham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Babe

6. DATE OF BIRTH Sept 5 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Babe
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Newell G Graham

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER May Brown

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Newell G Graham
(Address) Redmung

15. Filed 10/10 1912 Ray W Fisher
Local Registrar
per B.D.J.

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept 6 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1912, to Sept 6 1912 that I last saw her alive on Sept 5 1912 and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R A Bryerman M. D.
Sept 6 1912 (Address) Redmung

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Burton	9/6 1912

20. UNDERTAKER	ADDRESS
J. R. Young	Redmung

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3134

Registered No. 108

1. PLACE OF DEATH.
County of Fremont
City of Lyman

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lavon Hanaker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M	W	unmarried

6. DATE OF BIRTH: Dec 11 1902 (Month) (Day) (Year)

7. AGE: 9 yrs. 7 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Cyrus Hanaker

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Mary Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cyrus Hanaker
(Address) Lyman

15. Filed 10/10 1912 Ray L. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 8 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8-26-1912 to 8-26-1912 that I last saw h[illegible] alive on 8/26 1912 and that death occurred on the date stated above, at 5:25 P.M.

The CAUSE OF DEATH* was as follows:

Malaria fever

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. G. Eaton M. D.

8/26 1912 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Archer	8/28 1912

20. UNDERTAKER	ADDRESS
J. R. Young	Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3135

Registered No. 129

1. PLACE OF DEATH.
County of Bonner
City of Priest River
If death occurs away from usual residence, give facts called for under special information.

Registration District No. [redacted]
Primary Registration District No. [redacted] 36
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Nicholson Goodman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
March (unknown) 1877
(Month) (Day) (Year)

7. AGE
35 yrs. 5 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work Lumberman
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ontario - Canada

10. NAME OF FATHER Phillip Goodman

11. BIRTHPLACE OF FATHER (State or Country) Ontario - Canada

12. MAIDEN NAME OF MOTHER Dorothy Nicholson

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. B. Goodman
(Address) Newport Wash

15.
Filed Oct 15 1912 M McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
August 19 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1912, to Aug. 19 1912
that I last saw him alive on Aug. 19 1912,
and that death occurred on the date stated above, at 3:45 A. M.

The CAUSE OF DEATH* was as follows:
Shock and Hemorrhage from crushing injuries received by tree falling on him. Accidental
(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. B. Goodman M. D.
Aug 19 1912 (Address) Priest River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Michigan	..... 191...

20. UNDERTAKER	ADDRESS
J. C. Hardy	Newport Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 18672

Borner

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3136
Registered No. 120

1. PLACE OF DEATH.
County of Bonner's Idaho
City of SANDPOINT

Registration District No. 8
Primary Registration District No. 2030
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Lucy Swaim

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: December 31 (Month) (Day) 1852 (Year)

7. AGE: 59 yrs. 6 mos. 12 ds. 9h. 10m. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: John Burget

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Elizabeth Kite

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Frank Reese
(Address) Hope Idaho

15. Filed Oct 15 1912 — M. McKinnon, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 13th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912 to June 1912 that I last saw h in alive on June 1912 and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Intestinal Cancer
Probably Ulcerative

..... (Duration) 2 0 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm K Knepp M. D.
..... 19..... (Address) Hope

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hope Ida. — DATE OF BURIAL: July 14 1912

20. UNDERTAKER: O. M. Brower — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8

County of Bonner Primary Registration District No. 2033

City of Sandpoint (No. ....., ... St.)

File No. 3137

Registered No. 121

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robt. Murray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 35 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Helper
(b) General nature of industry business or establishment in which employed (or employer): R.R. Section Hand

9. BIRTHPLACE (State or Country): Ills.

10. NAME OF FATHER: Unknown.

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C M Brewer
(Address) Sandpoint

15. Filed Oct 15 1912 M McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 21 (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Struck by Train

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: SANDPOINT, DATE OF BURIAL: July 23 191?

20. UNDERTAKER: [illegible] Brannon ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 2122

Registered No. 122

1. PLACE OF DEATH. Registration District No. 8

County of Bonner Primary Registration District No. 2033

City of Sandpoint (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Barbara Champeau

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6. DATE OF BIRTH: Mar 15 1876 (Month) (Day) (Year)

7. AGE: 36 yrs. 4 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: A. M. Hepburn

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Nellie Wilkey

13. BIRTHPLACE OF MOTHER (State or Country): Ont. Canada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Champeau
(Address) Dover Idaho

15. Filed Oct 15 1912 — M. McKinnon, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15th 1912, to July 27th 1912 that I last saw h[illegible] alive on July 24th 1912 and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Exhaustion from
pulmonary tuberculosis

(Duration) about 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Hallenan M. D.
7/24 1912 (Address) Sandpoint Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clear Lake Ida. DATE OF BURIAL: July 26 1912

20. UNDERTAKER: [illegible] ADDRESS: SANDPOINT

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3140
Registered No. 119

1: PLACE OF DEATH.
County of Bonner
City of SANDPOINT.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. H. Murray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): M.

6. DATE OF BIRTH: July (Month) 5 (Day) 1842 (Year)

7. AGE: 69 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lawyer
(b) General nature of industry business or establishment in which employed (or employer): Saw Mill

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Do

11. BIRTHPLACE OF FATHER (State or Country): Do

12. MAIDEN NAME OF MOTHER: Do

13. BIRTHPLACE OF MOTHER (State or Country): Do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Brayer
(Address) Sandpoint Idaho

15. Filed Oct 15 1912 W. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 5-th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to July 5 1912
that I last saw him alive on July 4 1912
and that death occurred on the date stated above, at 4 A.M.
The CAUSE OF DEATH* was as follows: Apoplexy of brain

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. McKinnon M. D.
July 8 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: .....
DATE OF BURIAL: July 8 1912

20. UNDERTAKER: Brace
ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

(1)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3141
Registered No. 118

1. PLACE OF DEATH.
County of Bonner
City of SANDPOINT, (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2032

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Katherine Blake

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: July (Month) 4 (Day) 1912 (Year)
7. AGE: 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Germany
10. NAME OF FATHER: Rev. Stuckrow
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): Germany
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Peter Dellinger
(Address) 17 miles town
15.
Filed Oct 13 1912 M McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 12th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 1911, to July 12 1912
that I last saw her alive on July 4 1912
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary): Fibroids
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M McKinnon M. D.
July 24 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: SANDPOINT.
DATE OF BURIAL: July 6 1912
20. UNDERTAKER: Brandon
ADDRESS: SANDPOINT

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Laclede Idaho
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 3142
Registered No. 127
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Arthur Eugene Day

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: February 24 1912
(Month) (Day) (Year)

7. AGE: No yrs. 5 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Portland, Oregon

10. NAME OF FATHER: Leslie Raymond Day

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Ola Atwood

13. BIRTHPLACE OF MOTHER (State or Country): Crete Neb.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredrick W Dedier MD
(Address) Laclede Idaho

15.
Filed Oct 16 1912 W McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August 8" 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1912, to Aug 8 1912
that I last saw him alive on Aug 8 1912,
and that death occurred on the date stated above, at 11:45 P M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) — yrs. No mos. 5 ds.

Contributory (Secondary) Inanition

— (Duration) — yrs. ..... mos. ..... ds.

(Signed) Fredrick W Dedier M. D.
Aug 8 1912 (Address) Laclede Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death — yrs. — mos. 16 ds. In the State — yrs. — mos. 16 ds.
Where was disease contracted, if not at place of death? at place of death
Former or usual residence 6108 E 55th St Portland Ore.

19. PLACE OF BURIAL OR REMOVAL: Spokane, Washington.
DATE OF BURIAL: Aug. 9th 1912

20. UNDERTAKER: E. M. Brower.
ADDRESS: Sandpoint, Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5

County of Bonner Primary Registration District No. 2033

City of Sandpoint. (No. ....., ... St.)

File No. 3144

Registered No. 131

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Lang.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Unknown. (Month) 1 (Day) ..... (Year)

7. AGE: 52 About mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Pitman
(b) General nature of industry business or establishment in which employed (or employer): Railroad construction.

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: ,,

11. BIRTHPLACE OF FATHER (State or Country): ,,

12. MAIDEN NAME OF MOTHER: ,,

13. BIRTHPLACE OF MOTHER (State or Country): ,,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Brower.
(Address) Sandpoint, Idaho.

15. Filed August, 30th 1912 M. Mckinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Run over by dirt train. Breaking neck, left arm, Fracturing skull, and left leg was crushed.

(Duration) Instant yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

..... 19... (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho.

DATE OF BURIAL: Aug. 31. 1912

20. UNDERTAKER: [illegible]

ADDRESS: SANDPOINT,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 8
Primary Registration District No. 2035
File No. 3146
Registered No. 117

1. PLACE OF DEATH.
County of Bonner
City of Hope
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Andrew Jackson Horton
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: May (Month) 17th (Day) 1831 (Year)

7. AGE: 80 yrs. 8 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mechanic
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Cleveland, Ohio

10. NAME OF FATHER: Cyrus Horton

11. BIRTHPLACE OF FATHER (State or Country): Connecticut

12. MAIDEN NAME OF MOTHER: Eleanor Wright

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mira H. Persons
(Address) Hope Idaho

15.
Filed Oct 15 1912 M McMinimee
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1912, to Feb 13 1912 that I last saw h[illegible] alive on Feb 12 1912, and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:
La Grippe and Senility

(Duration) ..... yrs. ..... mos. 13 ds.
Contributory (Secondary) Senility
(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W M Knapp M. D.
Feb 13 1912 (Address) Hope Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hope Ida — DATE OF BURIAL: Feb 14 1912

20. UNDERTAKER: E. M. Brower — ADDRESS: Sand Point

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3140
Registered No. 132

1. PLACE OF DEATH. Registration District No.
County of Bonner Primary Registration District No. 20
City of Bonners Ferry (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Anna Walden

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: August 26 (Month) (Day) 1912 (Year)
7. AGE: yrs. mos. 3 ds. IF LESS than 1 day how many hrs. or min.
8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country) Bonners Ferry
10. NAME OF FATHER Magnus Walden
11. BIRTHPLACE OF FATHER (State or Country) Sweden
12. MAIDEN NAME OF MOTHER M. Falk
13. BIRTHPLACE OF MOTHER (State or Country) Sweden
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Walden
(Address) Bonners Ferry
15.
Filed Aug. 29 1912 E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 29th 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug. 26th 1912, to Aug. 29th 1912 that I last saw her alive on Aug. 26th 1912. and that death occurred on the date stated above, at 3 A. M.
The CAUSE OF DEATH* was as follows:
Premature birth.
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) E. E. Fry M. D.
Aug. 29 1912 (Address) Bonners Ferry.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry DATE OF BURIAL: 8/29 1912
20. UNDERTAKER: [illegible] Madsen ADDRESS: B. Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STAR-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF [redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3150

Registered No. 133

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 9

County of Bonner

City of Bonners Ferry (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank H. S[redacted]hammer.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Oct 28th. (Month) (Day) 1872 (Year)

7. AGE: 40 yrs. 10 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work ... superintendent of Bridges on the international
(b) General nature of industry business, or establishment in which employed (or employer) ... railway

9. BIRTHPLACE (State or Country): Sterling, Ill.

10. NAME OF FATHER: Chas. C. Shellhammer

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. F. K. Shellhammer
(Address) 01210 Belt & Boone

15.
Filed 9/12 1912 E. E. Fre[redacted], Local Registrar

[redacted]ICAL CERTIFICATE OF DEATH

16. DATE [redacted]ATH: Sept. 10 th. 1912. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h[redacted] alive on Sept. 10 th. 1912, and that death occurred on the date stated above, at 5.10 P. M.

The CAUSE OF DEATH* was as follows:
Fracture of skull.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leslie J. Stauffer M. D.
Sept. 11th 1912. (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Bonners Ferry Hospital In the
of death ..... yrs ..... mos 30 days State ..... yrs ..... mos ..... ds.
Where was Disease contracted,
If not at place of death? .....
Former or
usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elmwood Greenwood Cem. Spok. | DATE OF BURIAL: Sept. 13 th. 1912

20. UNDERTAKER Moon & Bonners | ADDRESS: J. D. Buchanan at Spokane Wash.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8
County of Boundary Primary Registration District No. 2034 File No. 3151
City of Bonners Ferry (No. ....., ... St.) Registered No. 130
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Lucile Parker
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: April (Month) 21 (Day) 1905 (Year)

7. AGE: 7 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kash.

10. NAME OF FATHER James Creed Parker

11. BIRTHPLACE OF FATHER (State or Country) North Carolina

12. MAIDEN NAME OF MOTHER Pearl Coons

13. BIRTHPLACE OF MOTHER (State or Country) Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Parker
(Address) Bonners Ferry Idaho

15. Filed Aug. 25 - 1912 E. E. Fry. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Shot through chest (accidental).

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E E Fry M. D.
Aug. 25 1912. (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Paradise Valley — DATE OF BURIAL: 8/26 1912

20. UNDERTAKER: J. T. Moore — ADDRESS: Bonners Ferry.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3172

Registered No. 128

1. PLACE OF DEATH. Registration District No. 8

County of Boise Primary Registration District No. 2034

City of Boise Ferry Idaho (No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Philip Findlay

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: January 1st 1828 (Month) (Day) (Year)

7. AGE: 84 yrs. 7 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Fred Lang.

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Findlachuk

(Address) Boise Ferry Idaho

15. Filed Aug. 16th 1912 E. E. Fry. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August 14th 1912 at 4:40 P M
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12th 1912, to Aug. 13th 1912, that I last saw him alive on Aug. 13th 1912, and that death occurred on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) Retention of urine.

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. E. Fry M. D.

Aug. 16 1912 (Address) Boise Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was Disease contracted, if not at place of death? ...

Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Boise Ferry. Idaho — DATE OF BURIAL: Aug 16 1912

20. UNDERTAKER: J. J. Mason — ADDRESS: Boise Ferry.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYRNS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3153
Registered No. 126

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2034
City of Bonners Ferry Idaho (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Child of E A Hart

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH August (Month) 5 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..7.. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bonners Ferry Idaho

10. NAME OF FATHER E. A. Hart

11. BIRTHPLACE OF FATHER (State or Country) Ohio

12. MAIDEN NAME OF MOTHER Garvik

13. BIRTHPLACE OF MOTHER (State or Country) Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E J Hart
(Address) Bonners Ferry Ida

15. Filed Aug 6th 1912. E E Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH August (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 10 A. M.
The CAUSE OF DEATH* was as follows:
Premature birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E E Fry M. D.
Aug. 6 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry — DATE OF BURIAL: Aug. 6th 1912.

20. UNDERTAKER: J. C. Moore — ADDRESS: Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3151

Registered No. 124

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 8

County of Boundary Primary Registration District No. 2034

City of Bonners Ferry (No. ....., ... St.)

2. FULL NAME Malissa Castle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1836 (Year)

7. AGE: about 76 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: Davis

11. BIRTHPLACE OF FATHER (State or Country): .....

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Castle
(Address) Bonners Ferry

15. Filed Aug. 2nd 1912. E. E. Fry, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August 1st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ found deceased dead from natural causes on ..... 191..., to August 1st 1912. 191.....
never
that I ~~last~~ saw h. alive on 191
and that death occurred on the date stated above, at 4 P. M. about

The CAUSE OF DEATH* was as follows:
Apoplexy.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Over exertion (apparently)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Stauffer M. D. M. D.

Aug. 2 1912 (Address) Bonners Ferry Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Correctionville, Iowa
DATE OF BURIAL ..... 191...

20. UNDERTAKER: John Moore
ADDRESS: Bonners Ferry Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3155

Registered No. 114

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Boundary

City of Bonners Ferry (No. ....., ... St.)

Registration District No. 8

Primary Registration District No. 2034

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victor Erickson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

7. AGE: 38 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gust Andersson
(Address) Bonners Ferry

15. Filed July 11 th 1912 E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Head and arm cut off by railroad train.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Fry M. D.
July 11 1912 (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moyie — DATE OF BURIAL: July 11 1912

20. UNDERTAKER: J. J. Moore — ADDRESS: Bonners Ferry

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8

County of Boundary Primary Registration District No. 9034

City of Bonners Ferry, Idaho (No. ....., ... St.)

File No. 3156

Registered No. 115

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lora Pearl Mann

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 30 (Day) 1878 (Year)

7. AGE: 34 yrs. 3 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: T. H. Gregory

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: True

13. BIRTHPLACE OF MOTHER (State or Country): .....

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl D. Mann
(Address) Bonners Ferry

15. Filed May 28 1912 E. E. Frye, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1912, to May 26th 1912, that I last saw h[er] alive on May 5th 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 1 yrs. — mos. — ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Frye M. D.

May 28 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry, Idaho — DATE OF BURIAL: May 30 1912

20. UNDERTAKER: J. D. Mahon — ADDRESS: B. Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3157

Registered No. 116

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 2034

County of Bonner

City of Bonners Ferry (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry D Johnston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 22 (Day) 1852 (Year)

7. AGE: 59 yrs. 8 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Ephraim Johnston

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER: Mary atwood

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Johnston
(Address) Clarks Fork Idaho

15.
Filed June 20 1912 E E Fry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
June (Month) 18 (Day) that ~~day~~ 1912 (Year)

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ..... 191 ..... to ..... 191 .....
deceased died a natural death while in transit on a R.R. train.
that I last saw h alive on ..... 191 .....,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
I never saw him alive. Death was very sudden. Probably apoplexy.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leslie John Stauffer M. D.
June 20 1912 (Address) Bonners Ferry, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence: Colville, Washington.

19. PLACE OF BURIAL OR REMOVAL: Clarks Fork, Idaho. DATE OF BURIAL: June 20 1912

20. UNDERTAKER: John Moore ADDRESS: Bonners Ferry Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M-9-20-12 [redacted] OF [redacted]

1. PLACE OF [redacted] Registration District No. 23 2085

County of Twin Falls Primary Registration District No. 2085

City of Filer (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John M Humphrey

If death occurred in [redacted] stitution or camp give instead of street and n[redacted]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: May 21 1845 (Month) (Day) (Year)

7. AGE: 67 yrs. 6 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Miller
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Isaac Humphrey

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Mary Harper

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. O. Humphrey
(Address) Filer Ida.

15. Filed 10-29 1912 John T Eagleton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 28 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1912 to Oct 28 1912 that I last saw h[redacted] alive on Oct 24 1912 and that death occurred on the date stated above, at [redacted] M.

The CAUSE OF DEATH*, was as follows:
Bright's disease

(Duration) Many yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. E. Coughlin M. D.
10/31/19 12 (Address) Twin Falls,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls
DATE OF BURIAL: 10-30 1912

20. UNDERTAKER: P. J. Grossman
ADDRESS: Twin Falls

[redacted] BINDERS. BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2085
(No. , St.)

File No. 3159
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry F. James

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. 26, ~~1912~~ 1889 (Month) (Day) (Year)

7. AGE: 23 yrs. 8 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Worked in laundry
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: John D. James

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Nettie Prevo

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. James
(Address) Twin Falls Ida.

15. Filed 10-21 1912 John H. Coughlin Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1912 to Oct 19th 1912 that I last saw h[illegible] alive on Oct 19 1912 and that death occurred on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhage of Bowels

(Duration) yrs. mos. 1 ds.

Contributory (Secondary) Typhoid Fever - with deep ulceration of bowels

(Duration) yrs. 1 mos. 7 ds.

(Signed) D. Lucas L. Alexander M. D.

Oct 19th 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~ — DATE OF BURIAL
Twin Falls Oct 22 1912

20. UNDERTAKER D. Crowley ADDRESS

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of .....
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2 3
Primary Registration District No. 2085
(No. ..... St.)

File No. 3160
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Clifton M. Woolsey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April 26 (Month) (Day) 1902 (Year)

7. AGE: 10 yrs. 6 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: R. M. Woolsey

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Jessie Sanders

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ferris Taylor
(Address) Twin Falls. R.F.D.

15. Filed 10-19 1912 J. Lute Hughes Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1912, to Oct 19 1912, that I last saw him alive on Oct 18 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Infection from Streptococci infection of throat.
(Duration) ..... yrs. mos. 2 1 ds.
Contributory (Secondary) Starvation
(Duration) ..... yrs. mos. 2 1 ds.

(Signed) Dillman L. Strandberg M. D.
Oct 19 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls. | DATE OF BURIAL: 10-19 1912

20. UNDERTAKER: C. J. Crosby | ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls — Registration District No. 23
City of " " — Primary Registration District No. 2069 — (No. ..., ... St.)
File No. 3161
Registered No. .....
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Theodore Burn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	~~Widowed~~

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... da.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed 10-5 1912 — John W. Coughlin — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30th 1912, to Oct 4th 1912, that I last saw h[e] alive on Oct 3rd 1912 and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilitation of Heart
and Acute Bronchial Disease
(Duration) ..... yrs. ..... mos. 12 ds.
Contributory Chronic Brights Disease
(Secondary) Chronic Mitral & Aortic Insufficency.
(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Duncan L. Alexander M. D.
Oct 6 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~ — DATE OF BURIAL
Twin Falls — Oct 6 1912

20. UNDERTAKER — ADDRESS
J. Crosby — Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 18760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of " "
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 3162
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME No Name

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~(Write the word.)~~

6. DATE OF BIRTH: Oct 1st 1912
(Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Twin Falls.

10. NAME OF FATHER: C. A. Bickford

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Addie Cuttman

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): A. Bickford
(Address): Twin Falls

15. Filed 10-8 1912 John W. Eagleson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to Oct 8 1912, that I last saw her alive on Oct 6 1912, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:
Tremulans

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. Nelson M. D.
10-9 1912 (Address) Twin Falls Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls — DATE OF BURIAL: 10-9 1912

20. UNDERTAKER: C. J. Leroy — ADDRESS: Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3163
Registered No.

1. PLACE OF DEATH
County of Twin Falls
City of Burke
Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Sophia Peterson Lake

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 8 (Day) 1893 (Year)

7. AGE: 19 yrs. ..... mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Logan Utah

10. NAME OF FATHER: Neal Peterson

11. BIRTHPLACE OF FATHER (State or Country): Logan Utah

12. MAIDEN NAME OF MOTHER: Eveline Quigley

13. BIRTHPLACE OF MOTHER (State or Country): Swan Lake Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Neal Petterson
(Address) Burke Ida

15. Filed 10-28 1912 — J. D. Murphy, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1912, to Oct 28 1912
that I last saw her alive on Oct 27 1912
and that death occurred on the date stated above, at 1:30 PM
The CAUSE OF DEATH* was as follows:
Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 8 ds.
Contributory (Secondary) Heart Paralysis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. F. McClurkin M. D.
Oct 28 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Oct 29 1912

20. UNDERTAKER: H. B. Evans
ADDRESS: Burke Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17149

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl

Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

File No. 3164
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alonzo R. King

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Oct. (Month) 20 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Buhl Ida.

10. NAME OF FATHER: Wm. G. King

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: May E. Rodgers

13. BIRTHPLACE OF MOTHER (State or Country): Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William E King
(Address) Buhl Ida

15. Filed 10-21 1912 J. T. Brumley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1912, to Oct. 21 1912, that I last saw him alive on Oct. 20 1912 and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Unknown
Child died suddenly

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. W. Chenbet M. D.
Oct. 21 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida
DATE OF BURIAL: 10-22 1912

20. UNDERTAKER: None
ADDRESS: .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3165

Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl Ida.
(No. ....., ... St.)

Registration District No. 2087
Primary Registration District No. 23

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James S. Weaver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 6 (Month) 24 (Day) 1912 (Year)

7. AGE: ..... yrs. 4 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Buhl Ida.

10. NAME OF FATHER: Ralph Weaver

11. BIRTHPLACE OF FATHER (State or Country): Penna.

12. MAIDEN NAME OF MOTHER: Clara S Schwing

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G Schwing
(Address) Buhl,

15.
Filed 10-18 1912
J. T. Mumley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1912 to Oct 17 1912
that I last saw him alive on Oct 17 1912
and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:
Gastro enter o Colitis
.....
.....
..... (Duration) about 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Broncho Pneumonia
..... (Duration) ..... yrs. ..... mos. 1 ds.
(Signed) A. F. McCluskey M. D.
Oct 18 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Ida. DATE OF BURIAL: 10-18 1912

20. UNDERTAKER: H. B. Graves ADDRESS: Buhl Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3166
Registered No. 23

1. PLACE OF DEATH.
County of Custer
City of Challis (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2061

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alexander Kleupfer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Aug. (Month) 1848 ? (Day) 1848 (Year)

7. AGE: 64 yrs. 3 mos. ? ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Black smith & mill man
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: John Kleupfer

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Anna ?

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emil Kleupfer
(Address) Challis, Idaho.

15.
Filed Oct. 24th 1912 C. L. Hartley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1912, to Oct. 23 1912 that I last saw him alive on Oct. 23rd. 1912 and that death occurred on the date stated above, at 8p. M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation following an attack of Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Nephritis

? (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct. 24th 1912 (Address) Challis, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Challis. Idaho.
DATE OF BURIAL: Oct 25th 1912

20. UNDERTAKER: Family
ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 14
County of Custer Primary Registration District No. 2064
City of Mackay (No. ....., ... St.)
File No. 3167
Registered No. 26
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Claude Dewey Babcock
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: W
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 28 (Day) 1898 (Year)

7. AGE: 14 yrs. 5 mos. 16 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: Albern Babcock

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Judith Hannah King

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A Rowley Babcock
(Address) Moore Idaho.

15. Filed Oct 14" 1912 H. Patterson By Local Registrar
Chas. Baker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Oct 14 1912, to ~~191~~
that I last saw h~~er~~ alive on Oct 14 1912,
and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral hemmorhage -
caused by fall from horse.
(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Shock from decompression operation -
(Duration) — yrs. — mos. — ds.
(Signed) A Rowley Babcock M. D.
Oct 14 1912 (Address) Ames Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 ds. In the State 6 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Moore, Idaho.

19. PLACE OF BURIAL OR REMOVAL: [redacted] DATE OF BURIAL: Oct 17" 1912

20. UNDER[redacted]ER: John Baker ADDRESS: Arco

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3168
Registered No. 26

1. PLACE OF DEATH.
County of Custer
City of Alto Mining Dist (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2064

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arthur Franklin McKenna

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wh.	Single

6. DATE OF BIRTH: Don't Know. (Month) 1 (Day) (Year)

7. AGE: 48 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Maryland.

10. NAME OF FATHER: Don't Know.

11. BIRTHPLACE OF FATHER (State or Country): Don't Know.

12. MAIDEN NAME OF MOTHER: Don't Know.

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Monahan
(Address) Mackay, Idaho.

15. Filed Oct-15-1912 — Q T Patterson, Local Registrar
By Chas Baker

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1911, to ..... 191..
that I last saw him alive on Sept 1912
and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) Several yrs. mos. ds.

Contributory (Secondary) Chronic Endocarditis

(Duration) Several yrs. mos. ds.

(Signed) L. P. Richards M. D.

Oct 15 1912 (Address) Mackay, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mackay Cd	Oct 15" 1912

20. UNDERTAKER	ADDRESS
Chas Baker	Mackay Cd

Chas Baker

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3169
Registered No. 27

1. PLACE OF DEATH.
County of Custer
City of Mackay

Registration District No. 14
Primary Registration District No. 2064
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edath Naef

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: June (Month) 26 (Day) 1905 (Year)

7. AGE: 7 yrs. 3 mos. 17 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mackay Idaho

10. NAME OF FATHER: Ernest Naef

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Violet Ivey

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ernest Naef
(Address) Mackay

15.
Filed Oct 15" 1912 S T Patterson Local Registrar
By Chas. Baker

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct 13" 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3" 1912, to Oct 13 1912 that I last saw her alive on Oct 13 1912 and that death occurred on the date stated above, at 3.30 PM.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Baker M. D.
Oct 15" 1912 (Address) Mackay

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mackay
DATE OF BURIAL: Oct 15 1912

20. UNDERTAKER: Chas Baker
ADDRESS: Mackay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3170

Registered No. 24

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Custer
City of Mackay
(No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. ~~2044~~ 2084

2. FULL NAME Richard James Wallace

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 9" (Day) 1912 (Year)

7. AGE: ~~X~~ yrs. 5 mos. ____ ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Adopted child

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Wallace
(Address) Mackay Ida.

15. Filed Oct-10" 1912 E. T. Patterson By Chas Barker Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 9th 1912
Oct 9 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9 1912 to Oct 9 1912
that I last saw him alive on Oct 8th 1912,
and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Probably due to suffocation

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) R E Mason M. D.
19 (Address) Mackay

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mackay Id
DATE OF BURIAL: 10-10" 1912

20. UNDERTAKER: Chas Barker
ADDRESS: Mackay

WYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3171
Registered No. 40

1. PLACE OF DEATH. Registration District No. 14
County of Bear Lake Primary Registration District No. 2093
City of Sharon (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Estella Bunn Butler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 27th (Day) 1891 (Year)

7. AGE: 20 yrs. 11 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lanark Idaho

10. NAME OF FATHER: L-T Bunn

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: Matilda King

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A H Cooley
(Address) Paris Idaho

15. Filed Nov. 11 1912 J W Sherwood Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1912, to Oct 29 1912, that I last saw her alive on Oct 29 1912 and that death occurred on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency

(Duration) about 6 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A H Cooley M. D.
Oct 31 1912 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sharon — DATE OF BURIAL: Nov 1 1912

20. UNDERTAKER: none — ADDRESS: Sharon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 18

County of Oneida

Primary Registration District No. 2069

File No. 3174

City of Saint John

(No. ....., ... St.)

Registered No. 75

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma Leigh Stephens

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

June (Month) 13 (Day) 1848 (Year)

7. AGE

64 yrs. 4 mos. 4 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Llanelly, South Wales

10. NAME OF FATHER John Morgan

11. BIRTHPLACE OF FATHER (State or Country) South Wales

12. MAIDEN NAME OF MOTHER Lydia Leigh

13. BIRTHPLACE OF MOTHER (State or Country) South Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. Stephens

(Address) Saint John Idaho

15.

Filed 10-19 1912

D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1912, to Oct 17 1912

that I last saw her alive on Oct 17 1912

and that death occurred on the date stated above, at 7:20 M.

The CAUSE OF DEATH* was as follows:

General Break Down
& Debility.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. M. Reuno. M. D.

10/17 1912 (Address) Malad Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Saint John Idaho — DATE OF BURIAL: Oct. 20 1912

20. UNDERTAKER: W. C. Johnson — ADDRESS: Malad City Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 18

Primary Registration District No. 2069

File No. 375

Registered No. 76

1. PLACE OF DEATH.
County of Oneida
City of Malad
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Red Randall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	wh	

6. DATE OF BIRTH
Oct 21 1912
(Month) (Day) (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 6 hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER Elbert E. Randall

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Mabel Smith

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elbert E. Randall
(Address) Malad City

15.
Filed Nov 1 1917 D C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct 21 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21- 1912, to Oct 21 1912, that I last saw h... alive on Oct 21 1912, and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D C Ray M. D.
19 .... (Address) Malad City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Malad City	Oct 21 1912

20. UNDERTAKER	ADDRESS
D E Johnson	Malad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3176
Registered No. 65

1. PLACE OF DEATH. Registration District No. 1
County of Ada Primary Registration District No. 2001
City of Star (No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James M. Stewart.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ____ (Month) 1 (Day) ____ (Year)

7. AGE: Eighty one yrs. four mos. ____ ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry business, or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: George Stewart

11. BIRTHPLACE OF FATHER (State or Country): ____

12. MAIDEN NAME OF MOTHER: ____

13. BIRTHPLACE OF MOTHER (State or Country): ____

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Stewart
(Address) Star, Ida.

15. Filed Aug 6 1912 J. E. Naugle Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1912, to Aug 4 1912
that I last saw h.... alive on Aug 4 1912,
and that death occurred on the date stated above, at 10 00 P.M.
The CAUSE OF DEATH* was as follows: Carcinoma of the Stomach

(Duration) ____ yrs. 2 1/2 mos. ____ ds.
Contributory (Secondary): none
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) J. E. Naugle M. D.
Aug 6 1912 (Address) Star

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL: Star Cemetery — DATE OF BURIAL: Aug 6 1912

20. UNDERTAKER: J. R. Ayres. — ADDRESS: Star.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Nov. 9, 1912. G. E. Shoshan

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Star
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2001
(No. ....., ... St.)

File No. 3177
Registered No. 66
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Susan Chapman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Oct (Month) 18 (Day) 1831 (Year)

7. AGE: 80 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: John Wilson

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs L C Means
(Address) Star

15. Filed Oct 4 1912 J. E. Mauzy Sub ~~Local~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1912, to Oct 3 1912
that I last saw her ~~dead~~ alive on Oct 3 10 A.M. 1912
and that death occurred on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of the Heart

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) ~~None~~

(Duration) ~~0~~ yrs. ~~0~~ mos. ~~0~~ ds.

(Signed) John Beeks M. D.
Oct 4 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Star Cemetery — DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: J. P. Ayres. — ADDRESS: Star

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Nov. 9, 1912 E. E. Shawhan

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3178
Registered No. 33

1. PLACE OF DEATH.
County of Cleanwater
City of Orofino
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2078

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Louis C Lambard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1856 (Year)

7. AGE: 56 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. W. Lambard
(Address) Orofino, Ida

15. Filed Nov 8 1912 J. M. Tinsley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 191/, to Oct-16 1912 that I last saw h[illegible] alive on Oct-16th, 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Marasmus

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Oct 16 1912 (Address) Orofino Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino, Ida
DATE OF BURIAL: Oct 18 1912

20. UNDERTAKER: Robert Haney
ADDRESS: Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3179
Registered No. 34

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
(No. ....., ... St.)
Registration District No. 17
Primary Registration District No. 2028
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME W. P. Lindsley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1846 (Year)

7. AGE: 66 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ..... Lawhines
(Address) Orofino, Ida

15. Filed Nov 8 1912 E. M. Danley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1912, to Oct. 19 1912, that I last saw him alive on Oct - 19 - 1912 and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Insanity.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Lawhines M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino Cem. Cemetery
DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: Robert Hanley
ADDRESS: Orofino Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3180

Registered No. 163

1. PLACE OF DEATH.

County of Kootenai

City of C. d A

Registration District No.

Primary Registration District No. 1003

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kathleen Lindgren

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1866 (Year)

7. AGE: 46 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New Glascow Nova

10. NAME OF FATHER: Wm McLean

11. BIRTHPLACE OF FATHER (State or Country): Nova

12. MAIDEN NAME OF MOTHER: Mc Donald

13. BIRTHPLACE OF MOTHER (State or Country): Nova

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R G Lindgren
(Address) Post Falls Idaho

15. Filed 11/10 1917 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 6th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25th 1917, to Oct 6th 1917 that I last saw her alive on Oct 6th 1917 and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis
with gastritis

..... (Duration) ..... yrs. ..... mos. 20 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Ahrens M. D.

Oct 7 1917 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.

In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: New Glascow Nova

DATE OF BURIAL: 10/7 1917

20. UNDERTAKER: D J Green

ADDRESS: C d A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3181

Registered No. 162

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No. 1003

County of Kootenai

City of Coeur D'Alene (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary A Mackenzie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH

Nov (Month) 9 (Day) 1887 (Year)

7. AGE

29 yrs. 10 mos. 23 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Minn

10. NAME OF FATHER Alex. Mackenzie

11. BIRTHPLACE OF FATHER (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Annie Macandark

13. BIRTHPLACE OF MOTHER (State or Country) Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Allan R Mackenzie

(Address) 716 - a St. Coeur d'Alene

15.

Filed 11/10 1912 O. O. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Sept 30 1912, that I last saw h[illegible] alive on Sept 30 1912, and that death occurred on the date stated above, at .....M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 9 mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Mayo M. D.

Oct 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos. 27 days. In the State ..... yrs ..... mos. 27 days.

Where was disease contracted if not at place of death? Santa Rosa, Calif.

Former or usual residence Santa Rosa, Calif.

19. PLACE OF BURIAL OR REMOVAL: Forest Cem. C D'A

DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: Cassedy & Nelson

ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3182
Registered No. 114

1. PLACE OF DEATH.
County of Kootenai
City of St Joe

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Louis Gerbac

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: [illegible] (Month) 1 (Day) [illegible] (Year)

7. AGE: [illegible] yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner in Lessee
(b) General nature of industry business or establishment in which employed (or employer): Comp.

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. E. Bonnard
(Address) St Joe Ida

15. Filed Oct 10 1912 R. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 2 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1917, to Oct 2 1917
that I last saw h[illegible] alive on Oct 2 1917
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Skull fracture
Trauma
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. E. Bonnard M. D.
Oct 10 1917 (Address) St Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Oct 3 1917

20. UNDERTAKER: [illegible] Mulcahy — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3183
Registered No. 173

1. PLACE OF DEATH.
County of Kootenai
City of St Joe

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alfonso Cortes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Greek
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Logging
(b) General nature of industry business or establishment in which employed (or employer): Camp

9. BIRTHPLACE (State or Country): Greece

10. NAME OF FATHER: John Kron

11. BIRTHPLACE OF FATHER (State or Country): Greece

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): Greece

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Brennan
(Address) St Joe Idaho

15.
Filed 10/10 1912
W. E. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to Oct 2 1912
that I last saw h[illegible] alive on Oct 2 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Shot Treasman
Immediate
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. E. Brennan M. D.
Oct 10 1912 (Address) St Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Oct 3 1912

20. UNDERTAKER: Mahaney
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Nezperce Primary Registration District No. 2049
City of St Joe (No. ....., ... St.)
File No. 3184
Registered No. 113

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jas Hoe

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Italian	unknown

6. DATE OF BIRTH unknown 1
(Month) (Day) (Year)

7. AGE unknown
.....yrs. .....mos. .....ds.
If LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Working in logging
(b) General nature of industry business or establishment in which employed (or employer) Camp

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J E Conrad
(Address) .....

15. Filed 1/10 1912 H. L. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to Oct 2 1912
that I last saw h... alive on Oct 2 1912
and that death occurred on the date stated above, at .....M.
The CAUSE OF DEATH* was as follows:
Train wreck
..... (Duration) .....yrs. .....mos. .....ds.
Contributory (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.
(Signed) J E Conrad M. D.
Oct 9 1912 (Address) St Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL St Maries — DATE OF BURIAL Oct 3 1912

20. UNDERTAKER Mulvaney — ADDRESS St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3185

Registered No. 116

1. PLACE OF DEATH.
County of Kootenai
City of St Maries

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ray Quigley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January 1 (Month) (Day) ——— (Year)

7. AGE: 15 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Attendant
(b) General nature of industry business or establishment in which employed (or employer): School

9. BIRTHPLACE (State or Country): Minn

10. NAME OF FATHER: Wm H. Quigley

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Quigley
(Address) Seattle Wash

15.
Filed 10/16 1912 H. H. Thurman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 4 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidentally shot himself
Investigation by
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. F. Sampson M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Oct 5 1912

20. UNDERTAKER: Mulcahy
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3186
Registered No. 117

1. PLACE OF DEATH.
County of Kootenai
City of St Joe
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049

2. FULL NAME Blaine Parish

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1894 (Year)

7. AGE: 18 yrs. ~ mos. ~ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: General Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Bozeman, Mont.

10. NAME OF FATHER: Jno. E. Parish

11. BIRTHPLACE OF FATHER (State or Country): Sterlin Ohio.

12. MAIDEN NAME OF MOTHER: Ella Shadrain

13. BIRTHPLACE OF MOTHER (State or Country): Ottawa, Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno. E. McCann
(Address) Cannas, Mont.

15.
Filed 10/10 1917
H. H. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 5 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on Oct 5 1917
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. McConnell, M. D.
..... 19... (Address) St Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Oct. 6 1917

20. UNDERTAKER: Mulcahy
ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3187

Registered No. 116

1. PLACE OF DEATH.
County of Kootenai
City of Ft. Grainy (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 2149

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm Johnston

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 19 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: General Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: James Johnston

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Jennie Batty

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Noble Johnston
(Address) St Maries

15. Filed 12/10 1912 — H. H. Hunsaker, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1911, to Oct 15 1912 that I last saw h... alive on Oct 15 1912 and that death occurred on the date stated above, at 1.09 M.

The CAUSE OF DEATH* was as follows:
Tuberculosis Lungs.

..... (Duration) ..... yrs. 1 mos. 7 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Hunsaker M. D.
Oct 16 1912 (Address) St Maries Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: St Maries. DATE OF BURIAL: Oct 17 1912

20. UNDERTAKER: Mulcahy ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St. Joe
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2449
(No. ....., ... St.)

File No. 3188
Registered No. 119

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Wood

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE: about 35 yrs. ~ mos. ~ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Saw Mill
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Wood

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Goodwin
(Address) St. Maries

15.
Filed 1/10 1912
H. G. Hunsaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1911, to Oct 28 1912
that I last saw h... alive on Oct 28 1912
and that death occurred on the date stated above, at 3 30/4 M.
The CAUSE OF DEATH* was as follows:
Liver abscess

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. E. Cornwall M. D.
Oct 28 1912 (Address) St. Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 1 mos. ..... ds. In the State 24 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cour d'Alene — DATE OF BURIAL: Oct 30 1912

20. UNDERTAKER: H. L. Mulcahy — ADDRESS: St. Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12

Primary Registration District No. 1003

File No. 3189

Registered No. 166

1. PLACE OF DEATH.

County of Kootenay

City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fanny Esther Gauge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July 24 (Month) 1886 (Day) (Year)

7. AGE: 26 yrs. 4 mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minnesota

10. NAME OF FATHER: Truman Lawson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Minnetta Moore

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. H. Lawson
(Address) Coeur d'Alene

15. Filed 11/10 1912 O. O. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1912, to Oct 14 1912, that I last saw h[e] alive on Oct 14 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) One yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Myers M. D.

Oct 14 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cemetery | DATE OF BURIAL: Oct 16 1912

20. UNDERTAKER: Cassedy & Nelson | ADDRESS: Coeur D'Alene

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. 1663

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3190

Registered No. 159

1. PLACE OF DEATH.

County of Kootenai

City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Calbert Peterson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Oct (Month) ..... (Day) 1866 (Year)

7. AGE: 45 yrs. 11 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Peter Nelson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John L Nelson
(Address) Coeur D'Alene

15. Filed 11/10 1912 A D Dunham
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Accident
accident

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) None M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem.	Oct 1 1912

20. UNDERTAKER	ADDRESS
Cassidy & Nelson	Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3191
Registered No. 160

1. PLACE OF DEATH.
County of Kootenai
City of C. d. A.

Registration District No. 12
Primary Registration District No. 1203
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Annie Shaalgar

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1860 (Year)

7. AGE
52 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Ole Johnson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno Shaalgar
(Address) 414 Sunset

15. Filed 11/10 1912 D W Greene Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Sept 20 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1912, to Sept 20 1912
that I last saw her alive on Sept 20 1912
and that death occurred on the date stated above, at 5:30 P.M.
The CAUSE OF DEATH* was as follows:

Appendicitis

..... (Duration) ..... yrs. ..... mos. 23 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. O. Wyer M. D.
Sept 21 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C d A — DATE OF BURIAL: Sept 22 1912

20. UNDERTAKER: S Glenn — ADDRESS: C d A

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3192
Registered No. 168

1. PLACE OF DEATH. Registration District No. 2006 12
County of Kootenai Primary Registration District No. 2118
City of Dramt Mission (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Frank Timothy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Indian	

6. DATE OF BIRTH: Oct (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Dramt

10. NAME OF FATHER: Ignatius

11. BIRTHPLACE OF FATHER (State or Country): Dramt

12. MAIDEN NAME OF MOTHER: Mary Eulla

13. BIRTHPLACE OF MOTHER (State or Country): Dramt

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie
(Address) Dramt

15. 11/10/12 D O Dreyer M.D. Coroner
Filed Nov 23 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1912, to Oct 20 1912, that I last saw him alive on Oct 20 1912 and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary) Neglect
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Leollard M. D.
19 (Address) Dramt Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dramt — DATE OF BURIAL: Oct 22 1912

20. UNDERTAKER: none — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Harrison

Registration District No. 2 4 8 1 2
Primary Registration District No. 2 4 8
(No. ....., ... St.)

File No. 3193
Registered No. 1609

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louisa Beach

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: August (Month) ..... (Day) 1830 (Year)

7. AGE: 82 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Old Mission

10. NAME OF FATHER: Baptiste

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos Baptiste
(Address) Denver, Ida

15. Nov. 10/12
Filed Oct 15 1912
Dr. J. Bruyere
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
No physician in attendance

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) None M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Old Desmet Cem — DATE OF BURIAL: Oct 14 1912

20. UNDERTAKER: None — ADDRESS: Desmet

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3194
Registered No. 53

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum (No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 2051

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Elizabeth Wontchik

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Apr. 17. 1862 (Month) (Day) (Year)

7. AGE: 50 yrs. 5 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wis.

10. NAME OF FATHER: Joseph Chaffin

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Wontchik
(Address) Rathdrum, Ida.

15. Filed 10/10 1912 — J. L. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. 9th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 3. 1912 to Oct. 9. 1912 that I last saw her alive on Oct. 9. 1912 and that death occurred on the date stated above, at 12. M.

The CAUSE OF DEATH* was as follows:

Typhoid fever

..... (Duration) ..... yrs. 2 mos. 12 ds.

Contributory (Secondary) Tuberculosis

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Frank Wing M. D.
10/9. 1912. (Address) Rathdrum, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum Ida — DATE OF BURIAL: Oct 11 1912

20. UNDERTAKER: C E Bobo & Son — ADDRESS: Rathdrum Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 2051

File No. 3195

Registered No. 161

County of Kootenai

City of Coeur d'Alene Post Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Theodore Dittemore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH

August (Month) 24th (Day) 1823 (Year)

7. AGE

89 yrs. 1 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work .... Retired Farmer

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE

(State or Country) Owen County, Indiana

10. NAME OF FATHER Thomas Dittemore

11. BIRTHPLACE OF FATHER

(State or Country) U. S.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country) U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. L. Dittemore

(Address) 812 Coeur d'Alene St.

15.

Filed 11/10 1912 D. D. Brusse Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw him alive on Oct 1 1912

and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Coma (General break down)

1 Coma (General break down

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Wood M. D.

Oct 2 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Evergreen Cem. Post Falls	Oct 3 1912

20. UNDERTAKER	ADDRESS
Cassedy & Nelson	Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Spt Lake Idaho
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2051
(No. ....., ... St.)

File No. 3196
Registered No. 165
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Eftedal

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Sing

6. DATE OF BIRTH: Oct (Month) 11 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1/2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Spirit Lake Ida

10. NAME OF FATHER: Marcus Eftedal

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Inga Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed 11/10 1912 — L. L. Freeman, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1912, to Oct 13 1912
that I last saw h[illegible] alive on Oct 12 1912
and that death occurred on the date stated above, at 12 P M.

The CAUSE OF DEATH* was as follows:
Ignition following Lacerated delivery (occipito posterior position)
(Duration) ..... yrs. ..... mos. 1½ ds.
Contributory (Secondary) Forceps delivery
(Duration) ..... yrs. ..... mos. 1½ ds.
(Signed) Earle S Pendell M. D.
Oct 13 1912 (Address) Spirit Lake

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Spirit Lake Ida
DATE OF BURIAL: Oct 16 1912

20. UNDERTAKER: None
ADDRESS: .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Hint Lake (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2057

File No. 3197
Registered No. 167

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jennie Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	Wht	Sngl

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE 48 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

11/10 1917 D. D. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct 20 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ? M.
The CAUSE OF DEATH* was as follows:

Suicide by Hanging

..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) Melancholia
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Earl D. Grundy M. D.
..... 19..... (Address) Hint Lake Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hint Lake — DATE OF BURIAL: Oct 22 1917

20. UNDERTAKER: Klopf. — ADDRESS: Rathdrum Ida

MARGIN RESERVED FOR BINDING
...NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
...formation should be carefully supplied. AGE should be stated EXACTLY. PHYSI-
...te CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
...PATION is very important. See instructions on back of certificate.

...., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3198
Registered No. 169

1. PLACE OF DEATH.
County of Kootenai
City of Rathdrum (No. ....., ... St.)
Registration District No. 17
Primary Registration District No. 2051

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Freda M Novak

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Mar

6. DATE OF BIRTH: Mar (Month) 19 (Day) 1912 (Year)

7. AGE: ..... yrs. 7 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boy
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New Rathdrum

10. NAME OF FATHER: Frank Novak

11. BIRTHPLACE OF FATHER (State or Country): Hungary

12. MAIDEN NAME OF MOTHER: Lucy Phillips

13. BIRTHPLACE OF MOTHER (State or Country): Kan.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Novak
(Address) Rathdrum

15. Filed 11/10 1912
D D Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1912, to Oct 30 1912
that I last saw h[illegible] alive on Oct 29 1912
and that death occurred on the date stated above, at 3 P M.
The CAUSE OF DEATH* was as follows:

Intussusception of Bowel

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D D Freeman M. D.
Oct 30 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rathdrum
DATE OF BURIAL: Oct 31 1912

20. UNDERTAKER: Kloss
ADDRESS: Rathdrum

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3199
Registered No. 73

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 24
Primary Registration District No. 1011
(No. Block Bear St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gus Nelson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) (Year): 1

7. AGE: 33 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Not Known.

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Not Known.

13. BIRTHPLACE OF MOTHER (State or Country): Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. D. Ward.
(Address) Wallace, Idaho.

15. Filed Oct. 5, 1912 H. Leo Swingley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Fracture 3d Cervical vertebra

(Duration) Few minutes yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) Chas. R. Mowery M. D.
Oct 4 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Oct 7 191 2

20. UNDERTAKER: H D Ward
ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 28
Primary Registration District No. 1012
File No. 3209
Registered No. 74

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
(No. Providence Hosp. St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alexander Bailan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 48 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not known

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Providence Hospital
(Address) Wallace Ida

15.
Filed Oct. 12, 1912 F. Leo Langley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 4th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from [redacted]27 1912, to Oct 4 1912, that I last saw h-m alive on Oct 4 1912, and that death occurred on the date stated above, at 7A. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry M. D.
Oct 12 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 7 ds. In the Providence Hosp
State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence De Borgia Mont

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: Oct 13th 1912

20. UNDERTAKER: B. E. Worstell
ADDRESS: Wallace

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

File No. [redacted]
Registered No. 75
If death occurred in a hospital or institution or camp give its NAME instead of street and number

2. FULL NAME William Carter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	divorced

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE
45 yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... laborer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) not given

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Thies,
(Address) Wallace, Idaho.

15.
Filed Oct. 17, 1912 F. Leo Dunlap
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct 12 191
(Month) (Day) (Y

17. I HEREBY CERTIFY, That I attended deceased
Oct 9 1912, to Oct 12 191
that I last saw h alive on Oct 12 191
and that death occurred on the date stated above, at 2 P

The CAUSE OF DEATH* was as follows:
Syphilis
Uremic Poisoning
(Duration) 3 yrs. — mos. —
Contributory (Secondary)
(Duration) yrs mos.
(Signed) Chas. A. Dillman M
Oct 13 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Hospital in the time of death 45 yrs. mos. ds. State yrs. mos.
Where was disease contracted.
If not at place of death?
Former or usual residence Wallace, Idaho

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wallace, Idaho.	Oct 17 19

20. UNDERTAKER	ADDRESS
Bruce G. Worstell	Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
(No. Hope Hospital St.)

Registration District No. 28
Primary Registration District No. 1011

File No. 3202
Registered No. 76

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Lloyd Seaman.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: July (Month) 14th. (Day) 1912. (Year)

7. AGE: yrs. 3 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kellogg, Idaho.

10. NAME OF FATHER: Chas. Lloyd Seaman

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Stella Dunn

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Chas. Lloyd Seaman
(Address) Neslon Siding, Shoshone Co.,

15.
Filed Oct. 18, 1912 A. Leo Dunlevy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10 (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/14 1912, to 10/16 1912
that I last saw him alive on October 16th 1912,
and that death occurred on the date stated above, at 8:50 M.

The CAUSE OF DEATH*/~~was~~ as follows:

Prostration

(Duration) yrs. 0 mos. 2 ds.

Contributory (Secondary)

(Duration) 2 yrs mos. ds.

(Signed) Jerard C Simon M. D.

1912 (Address) Wallace, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs. 3 mos. 2 ds.
Where was disease contracted, if not at place of death? at home
Former or usual residence: Nelson Siding, Shoshone Co.,

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho.
DATE OF BURIAL: Oct. 19 1912

20. UNDERTAKER: Bruce G. Worstell
ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace

Registration District No. 28
Primary Registration District No. 10 11
(No. Providence Hospital St.)

File No. 3203
Registered No. 77

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Patrick McHale.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single.

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Miner.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland.

10. NAME OF FATHER Martin McHale.

11. BIRTHPLACE OF FATHER (State or Country) Ireland.

12. MAIDEN NAME OF MOTHER Ann Hagarty.

13. BIRTHPLACE OF MOTHER (State or Country) Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martin McHale
(Address) 1744 Pauvelle Vancouver B.C.

15.
Filed Oct 20, 1912 F. Les Dingley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 16th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 191..., to Oct 16th 1912
that I last saw him alive on Oct 16th 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
General Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C S Syms M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) Providence Hospital
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs. 2 mos. 15 ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Wallace Idaho

19. PLACE OF BURIAL OR REMOVAL Wallace Idaho. DATE OF BURIAL Oct 20 1912

20. UNDERTAKER H P Ward. ADDRESS Wallace Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 28
Primary Registration District No. 1011
(No. Slate Creek St.)

File No. 3204
Registered No. 78
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Larson,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 55 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Chopper
(b) General nature of industry business or establishment in which employed (or employer): Logging

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles R. Mowary,
(Address) Wallace, Idaho.

15. Filed Oct. 21, 1912 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH was as follows:*
Caught by rolling log which fractured Spinal Column
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry M. D.
Oct 19 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho.
DATE OF BURIAL: Oct 21 1912

20. UNDERTAKER: Bruce C. Worstell
ADDRESS: Wallace, Id.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3205

Registered No. 19

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Makinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
78 yrs. -- mos. -- ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Miner
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) England

10. NAME OF FATHER not given

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Hospital
(Address) Wallace, Idaho.

15. Filed Oct 21, 191 2 Lt. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct. (Month) 17th. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1911, to Oct 17 1912 that I last saw him alive on Oct 17-11 A. M. 1912 and that death occurred on the date stated above, at 4a M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) 9 yrs. — mos. — ds.
Contributory Paralysis
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. E. Dittman M. D.
1912 (Address) Burke, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Wallace Hospital 1 yrs. 5 mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence. Murray, Idaho.

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wallace, Idaho.	Oct. 19 1912.

20. UNDERTAKER	ADDRESS
Bruce G. Worstell	Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Success Mine St.)

File No. 3206
Registered No. 80

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Farrare

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... 1 .....
(Month) (Day) (Year)

7. AGE
32 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER Stefono Farrare

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Carolena Farrare

13. BIRTHPLACE OF MOTHER (State or Country) Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Marra
(Address) Success Mine Wallace Ida

15.
Filed Oct. 28, 1912 H. Lee Beasley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 27th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Premature blast which tore body into fragments
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas R. Moore M. D.
Oct 28 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Oct 28 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3207
Registered No. 81

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace.
Registration District No. 28
Primary Registration District No. 1011
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Lafferty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

7. AGE: 23 yrs. — mos. — ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: Joseph Lafferty

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address) Wallace Ida.

15. Filed Oct. 30 1912. F. L. Levy Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 27 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1912, to Oct 27 1912 that I last saw h[illegible] alive on Oct 27 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Rupture liver

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowery M. D.
Oct 28 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Buffalo Mills Penn. DATE OF BURIAL: Oct. 31st 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 7

County of Bonneville

Primary Registration District No. 2229

City of Ucon

(No. ....., ... St.)

File No. 3208

Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Nathaniel Cook

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male.	White	Single.

6. DATE OF BIRTH

June (Month) 1 (Day) 1904 (Year)

7. AGE

9 yrs. 3 mos. 22 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Nellans Creek Ida.

10. NAME OF FATHER Phineas M Cook.

11. BIRTHPLACE OF FATHER (State or Country) St Charles Idaho.

12. MAIDEN NAME OF MOTHER Ruth Tyler.

13. BIRTHPLACE OF MOTHER (State or Country) Hebron Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Melvin Cook

(Address) Ucon Idaho

15. Filed Oct 22 1912 J. M. Hammond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1912, to Oct 21 1912

that I last saw h[illegible] alive on Oct 21 1912

and that death occurred on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Over-exertion - a weak dilated Heart - Enlarged with Edge & distended Blood-vessels of Graves Disease

(Duration) 6 yrs. mos. ds.

Contributory (Secondary) As above Stated -

(Duration) yrs. mos. ds.

(Signed) W A Garrett M. D.

Oct. 22 1912 (Address) Ucon, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Ucon Idaho | DATE OF BURIAL Oct 23 1912

20. UNDERTAKER G H Hunt | ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... St.)

File No. 3200
Registered No. 55

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jno B. Lowry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1886 (Year)

7. AGE
26 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Switchman
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) U. S.

10. NAME OF FATHER James W.

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE OF MOTHER (State or Country) ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B L McIntyre
(Address) Idaho Falls, Ida

15.
Filed Oct 24 1912 Fred Leonard Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct. 23 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1912, to Oct 23 1912
that I last saw h[illegible] alive on Oct 23, 1912,
and that death occurred on the date stated above, at 11.30 P. M.

The CAUSE OF DEATH* was as follows:

Accidental
Struck by railway engine
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Hollister M. D.
Oct. 24, 1912 (Address) Idaho Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was Disease contracted,
If not at place of death? .....
Former or
usual residence .....

19. PLACE OF BURIAL OR REMOVAL
Mt Vernon, Ill

DATE OF BURIAL
✓ 191

20. UNDERTAKER C. E. Linwoodey ADDRESS Ida Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... St.)

File No. 3210
Registered No. 87
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thelma Thomas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 26 (Day) 1912 (Year)

7. AGE: two yrs. 2 mos. 29 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: David Thomas.

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Rose Hines

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David O Thomas
(Address) Idaho Falls

15. Filed Oct 26 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1912 to Oct 25 1912
that I last saw h er alive on Oct 25 1912
and that death occurred on ~~the date~~ Oct 25 stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:
Overengorgement of the heart with blood fr ie probable Bronchial Pneumonia

(Duration) — yrs. — mos. — ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. W. Pendleton M. D.
10/26 1912 (Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls Idaho — DATE OF BURIAL: Oct 29 1912

20. UNDERTAKER: E H Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bonneville

City of Idaho Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7

Primary Registration District No. 2027

(No. ....., ... St.)

File No. 3211

Registered No. 96

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Bertie Whitlatch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November (Month) 7th (Day) 1887 (Year)

7. AGE: 37 yrs. 11 mos. 19 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ill.

10. NAME OF FATHER: George Taylor

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Emmeta Hill

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene Taylor

(Address) Ferris Idaho

15. Filed Nov 2 1912

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25th 1912, to Oct. 31 1912, that I last saw h[illegible] alive on Oct 31 1912, and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) 1 yrs. 2 mos. 2 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. R. Sodequist M. D.

11/3 1912 (Address) 414 Broadway

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Ferris Idaho — DATE OF BURIAL: Nov 3 1912

20. UNDERTAKER: G F Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO. PTRS. & BORS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3212

Registered No. 91

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH,
County of Bannock
City of Pocatello (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027

2. FULL NAME Wm N. Scott

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 21 (Day) 1859 (Year)

7. AGE: 53 yrs. 11 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farming
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Provo - Utah

10. NAME OF FATHER: Andrew Scott

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Norton

13. BIRTHPLACE OF MOTHER (State or Country): U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): W. N. Scott
(Address): Rexburg Ida

15.
Filed Nov 2 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1912, to Oct 31 1912, that I last saw h-- alive on Oct 31 1912, and that death occurred on the date stated above, at 10 9 M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 3 (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C M Clune M. D.
Nov 2 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 2 ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence: Hamer, Idaho

19. PLACE OF BURIAL OR REMOVAL: Provo, Utah
DATE OF BURIAL: Nov 1912

20. UNDERTAKER: C E Dinwoody
ADDRESS: Ida Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3213
Registered No. 92

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 2027
(No. ..... St.)

2. FULL NAME Nellie M Van Sickle

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 21 (Day) 1870 (Year)

7. AGE: 42 yrs. ... mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bedford, Iowa

10. NAME OF FATHER: Jno Derickson

11. BIRTHPLACE OF FATHER (State or Country): U.S.

12. MAIDEN NAME OF MOTHER: — Fitzgearald

13. BIRTHPLACE OF MOTHER (State or Country): U.S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E S Vansickle
(Address) Ida Falls

15. Filed Nov 4 1912 D. J. Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to Nov 3 1912 that I last saw her alive on Nov 3 1912, and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:
Tuberculosis & Empyelas of Kidneys

(Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Albuminuria
— (Duration) — yrs. — mos. 2 3 ds.

(Signed) G. W. Pendleton M. D.
Nov 4 1912 (Address) Idaho Falls, Idaho,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Bedford, Iowa
DATE OF BURIAL: Nov. 1912

20. UNDERTAKER: C E Dennoodey
ADDRESS: Ida Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3214

Registered No. 93

1. PLACE OF DEATH.

County of Bonneville

City of Idaho Falls (No. ....., ... St.)

Registration District No. 7

Primary Registration District No. 2027

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Pauline Dyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Child

6. DATE OF BIRTH: Oct (Month) 9 (Day) 1904 (Year)

7. AGE: 8 yrs. ..... mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work ..... Child
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bonneville Co.

10. NAME OF FATHER J Rufus Dyer

11. BIRTHPLACE OF FATHER (State or Country) U. S.

12. MAIDEN NAME OF MOTHER Ora Byers

13. BIRTHPLACE OF MOTHER (State or Country) U. S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Rufus Dyer

(Address) RD 2 - Ida Falls

15. Filed Nov 1 1913 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1911, to Oct 30 1912, that I last saw h[e] alive on Oct 30 1912, and that death occurred on the date stated above, at 9 P M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

Oct 31 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES; state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted, If not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Nov. 1 1912

20. UNDERTAKER: C. E. Dinwoodey — ADDRESS: Ida Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7

County of Bonneville Primary Registration District No. 2027

City of ..... (No. ....., ... St.)

File No. 3215

Registered No. 56

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John E. Roberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: January (Month) 2 (Day) 1862 (Year)

7. AGE: 50 yrs. 9 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich. U.S.

10. NAME OF FATHER: Henry Roberts

11. BIRTHPLACE OF FATHER (State or Country): U. S.

12. MAIDEN NAME OF MOTHER: Maria Cummings

13. BIRTHPLACE OF MOTHER (State or Country): U.S. Va.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Jno. E. Roberts
(Address) Rigby # 2

15. Filed Oct 14 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1912, to Oct 13 1912 that I last saw him alive on Oct 13 1912, and that death occurred on the date stated above, at 8 0. M.

The CAUSE OF DEATH* was as follows:
accidental - crushed from house falling on him

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. E. Fuller M. D.
10/14 1912 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby — DATE OF BURIAL: Oct. 16 1912

20. UNDERTAKER: C. C. Dinwoody ADDRESS: Ida Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Jefferson
City of Idaho Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2027
(No. ..... St.)

File No. 3216
Registered No. 51
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Wesley Molen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Oct. (Month) ~~8~~ (Day) 1864 ~~1917~~ (Year)

7. AGE
48 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lehi Utah

10. NAME OF FATHER: Francis M. Molen

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Emma L. Lawrence

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O P Molen
(Address) Idaho Falls

15. Filed Oct 3 1912 Joseph H. Jensen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1912, to Oct. 3, 1912, that I last saw h... alive on Oct. 2, 1912, and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Suppurative Appendicitis
(Duration) ..... yrs. ..... mos. 10 ds.
Contributory Peritonitis
(Secondary)
(Duration) ..... yrs. ..... mos. 2 ds.
(Signed) John S. Wells M. D.
Oct 3 1912 (Address) Idaho Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

Millers

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 1976O

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Kaylene

Registration District No. 29
Primary Registration District No. 2102
(No. ....., ... St.)

File No. 3217
Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Peter R. Preece

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 29 (Day) 1862 (Year)

7. AGE: 50 yrs. 5 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Bannock Co. Ida.

10. NAME OF FATHER: Peter Preece

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Packer

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. H. Preece
(Address) Burley Idaho

15. Filed Nov 1 1912 — V R Killam, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 11th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1912, to Oct. 11th 1912, that I last saw him alive on Oct. 7th 1912, and that death occurred on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis

..... (Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Tuberculosis of Lungs
..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
Oct. 11th 1912. (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley, Idaho
DATE OF BURIAL: Oct. 12th 1912

20. UNDERTAKER: L. B. Gallegly
ADDRESS: Burley, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

37

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2

Primary Registration District No. 2 1 5

File No. 3219

Registered No. [illegible]

1. PLACE OF DEATH.

County of Canyon

City of Payette (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anna M. Slinker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar 15 1845 (Month) (Day) (Year)

7. AGE: 67 yrs. 6 mos. 28 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: James D Houlette

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Agnes S Clark

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Levi Slinker
(Address) Payette Ida

15.

Filed ..... 191 .....

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: March Oct 13 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~March~~ Oct 13 1912, to ~~March~~ Oct 13 1912, that I last saw her alive on March Oct 13 191, and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Cholecystitis - Calculous

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O H Avery M. D.

10/15 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Payette Ida — DATE OF BURIAL: Oct 16 1912

20. UNDERTAKER: S. A. Blair — ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. ____

County of Canyon

Primary Registration District No. ____

File No. 3220

City of Payette

(No. ____, ____ St.)

Registered No. 5

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James W Harrington

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: July 14 (Month) (Day) 1860 (Year)

7. AGE: 52 yrs. 2 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: William R Harrington

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Martha Lowless

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J.W. Harrington
(Address) Payette

15.
Filed Oct 11 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 8th (Day) 191- (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible] 191- to [illegible] 191-, that I last saw h[illegible] alive on [illegible] 191-, and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) ____ yrs. ____ mos. 15 ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D.

10 12 191- (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

19. PLACE OF BURIAL ~~OR REMOVAL~~: Payette Ida | DATE OF BURIAL: Oct 11 191-

20. UNDERTAKER: J.M. Lair | ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22

Primary Registration District No. 2005

File No. 3221

Registered No. 31

1. PLACE OF DEATH.

County of Canyon

City of Payette

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME David S Lamme

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 11 (Day) 1842 (Year)

7. AGE: 70 yrs. 7 mos. 23 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana Ill.

10. NAME OF FATHER: Johnathan Lamme

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Lydia Hamilton

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Gotch
(Address) Payette

15.
Filed Oct 6 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1th 1912, to Oct 4 — 1912, that I last saw him alive on Dead Oct 4 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

(Duration) Instantaneous yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Crouch M. D.
Oct 6 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Placerville Ida. DATE OF ~~BURIAL~~: Oct 7 1912

20. UNDERTAKER: D. McLain ADDRESS: Payette Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

File No. 3222
Registered No. 74
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME. Florence Annie Hicks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: January 26 — 1879 (Month) (Day) (Year)

7. AGE: 33 yrs. 9 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho County Idaho

10. NAME OF FATHER: Edward Beck

11. BIRTHPLACE OF FATHER (State or Country): St Louis Mo.

12. MAIDEN NAME OF MOTHER: Sophia Harper

13. BIRTHPLACE OF MOTHER (State or Country): Atlanta, Georgia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. D. Hicks
(Address) Grangeville Idaho

15. Filed Oct 24 1912 G. S. Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1912, to Oct 23 1912 that I last saw her alive on Oct 23 1912, and that death occurred on the date stated above, at 7 a. M.

The CAUSE OF DEATH* was as follows:
acute nephritis
..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) diphtheria
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
Oct 24 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View Cem. DATE OF BURIAL: Oct 24 1912

20. UNDERTAKER: W E Graham ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

YMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2001

File No. 2223
Registered No. 73

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry Ankeny Randall.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 28 (Month) (Day) 1868 (Year)

7. AGE: 44 yrs. 1 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cattle man
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweetwater Idaho

10. NAME OF FATHER: Darius B Randall.

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Rozan Ankeny

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maude R Byrom
(Address) Grangeld. Id.

15.
Filed Oct 30 1912 G S Stricklin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1912, to Oct 20 1912 that I last saw him alive on Oct 15 1912, and that death occurred on the date stated above, at 2 10 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration) Don't Know yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stricklin M. D.
Oct 21 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho
DATE OF BURIAL: Oct 22 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 10
Primary Registration District No. 2044
File No. 3224
Registered No. 72

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank J Dearing

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 22 (Day) 1847 (Year)

7. AGE: 45 yrs. 2 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Jesse F Dearing

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Emma Park

13. BIRTHPLACE OF MOTHER (State or Country): Mo,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John H Dearing
(Address) Grangeville

15.
Filed Oct 30 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to Oct 15 1912, that I last saw him alive on Oct 12 1912, and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(Duration) Don't Known yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
Oct 16 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho — DATE OF BURIAL: Oct 17 1912

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Greencreek
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10
(No. ....., ... St.)

File No. 3225
Registered No. 78
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Lyda Deneille Hamlin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 12 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ..5.. hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Greencreek Idaho

10. NAME OF FATHER: O. D. Hamlin

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Gertrude VanPool

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. D. Hamlin
(Address) Greencreek

15.
Filed Oct 13 1912 G. S. Stockton
Local Registrar

per B

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth Oct 1912 to Oct 13 1912 that I last saw h[illegible] alive on Oct 13 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Premature Birth
Child lived 5 hours

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Stannard M. D.
Oct 13 1912 (Address) Cottonwood Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Silvertons Cemetery Cottonwood — DATE OF BURIAL: Oct 13 1912

20. UNDERTAKER: Dolph McCloskey — ADDRESS: Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2042
Primary Registration District No. 10
(No. ....., ... St.)

File No. 3226
Registered No. 77
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret A Harriman.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: June (Month) 7 (Day) 1827 (Year)
7. AGE: 85 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Shenandoah Co West Virginia
10. NAME OF FATHER: A Morris
11. BIRTHPLACE OF FATHER (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): Unknown
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph McCluskey
(Address) Cottonwood Ida
15.
Filed Oct 12 1912 G S Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 11th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from October 4th 1912, to October 10th 1912, that I last saw her alive on October 10th 1912, and that death occurred on the date stated above, at 5 40 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) Indefinite yrs. ..... mos. ..... ds.

Contributory (Secondary) Arterio-sclerosis

(Duration) Indefinite yrs. ..... mos. ..... ds.

(Signed) J W Turner M. D.
10-12- 1912 (Address) Cottonwood, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Grangeville Idaho
DATE OF BURIAL: Oct 13 1912

20. UNDERTAKER: Joseph McCluskey
ADDRESS: Cottonwood Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYRES-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Kentenville

Registration District No. 2042
Primary Registration District No. 10
(No. ....., ... St.)

File No. 3227
Registered No. 76

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Celia May Leister

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec (Month) 4th (Day) 1880 (Year)

7. AGE: 31 yrs. 9 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: Richard Toof

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Frances Frederick

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A P Leister
(Address) Woodside Ida.

15.
Filed Oct 3rd 1912 — G S Stockton for B Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1912, to October 3rd 1912, that I last saw her alive on October 2nd 1912 and that death occurred on the date stated above, at 9:10 A.M.

The CAUSE OF DEATH* was as follows:
Puerperal Septicaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Accidental Hemorrhage (Puerperal)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H B Blake M. D.
Oct 4 1912 (Address) Kentenville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cottonwood Protestant Cem — DATE OF BURIAL: 10/4 1912

20. UNDERTAKER: Joseph McCloskey — ADDRESS: Cottonwood Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Whitebird

Registration District No. 10
Primary Registration District No. 2041
(No. ....., ... St.)

File No. 3220
Registered No. 79

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hugh Gibson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 27 (Day) 1867 (Year)

7. AGE: 45 yrs. 9 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Dallas Ore

10. NAME OF FATHER: William Gibson

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Annie Gibson

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lone Gibson
(Address) Joseph Id.

15. Filed Nov 8 1912 — G B Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 1912, to Oct 18 1912, that I last saw h~~e~~ alive on Oct 18 1912 and that death occurred on the date stated above, at 2P M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 13 ds.

Contributory (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W A Foskett M. D.

Oct 18 1912 (Address) Whitebird

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Whitebird
DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: Hancock
ADDRESS: Whitebird

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

County of Bingham Primary Registration District No. 1007 File No. 3230

City of Blackfoot (No. Gemini Addition St.) Registered No. 79

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Burrell.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6. DATE OF BIRTH: May (Month) 18 (Day) 1849 (Year)

7. AGE: 63 yrs. 4 mos. 25 ds.

IF LESS than 1 day how many.. H...hrs. or M. O. min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada.

10. NAME OF FATHER: Thomas Henwoatch.

11. BIRTHPLACE OF FATHER (State or Country): Scotland.

12. MAIDEN NAME OF MOTHER: Elizabeth Henwoatch.

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bernice Burrell Wilkie
(Address) Shelley, Idaho

15. Filed Oct 15 1912 W. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912., to Oct 13 1912
that I last saw her alive on Oct 13 1912
and that death occurred on the date stated above, at 1 20 P.M.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(Duration) 7 yrs. — mos. — ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) F. W. Mitchell M. D.
Oct 13 1912 (Address) Blackfoot, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Gem City cemetery Blackfoot — DATE OF BURIAL: Oct 15 1912

20. UNDERTAKER: E J Peck — ADDRESS: Blackfoot

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 13
Primary Registration District No. 1007
File No. 3251
Registered No. 78

1. PLACE OF DEATH.
County of BINGHAM
City of BLACKFOOT
(No. EAST, BRIDGE ST 314 St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME GOERGE A. ROBETHAN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
MALE	WHITE	MARRIED

6. DATE OF BIRTH: AUGUST (Month) 25 (Day) 1860. (Year)

7. AGE: 52 yrs. 1 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: Ed. Robethan

11. BIRTHPLACE OF FATHER (State or Country): Wales

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs George A Robethan
(Address) Blackfoot Ida

15. Filed Oct 9th 1912 M. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1911, to OCT 7th 1912, that I last saw him alive on Oct 7th 1912, and that death occurred on the date stated above, at 2. A. M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of Heart

(Duration) yrs. 3 mos. ds.
Contributory (Secondary) Interstitial Nephritis
(Duration) 3 yrs. mos. ds.

(Signed) Francis M Poole M. D.
Oct. 7 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: POCATELLO IDAHO
DATE OF BURIAL: OCT 11 1912

20. UNDERTAKER: WILLIT WALKER
ADDRESS: POCATELLO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 73
County of Bingham Primary Registration District No. 2053
City of Wapello (No. ....., ... St.)
File No. 3223
Registered No. 73

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Orrin Linford Hall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 10 (Month) 5 (Day) 1900 (Year)

7. AGE: 12 yrs. 11 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. School Boy
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Utah

10. NAME OF FATHER George H. Hall

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Mary M. Linford

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. A. Owen
(Address) Blackfoot, Ida.

15. Filed Oct 1 1912 M. E. Price Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 10 (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1912, to Oct 1 1912 that I last saw h alive on Sept 30 at 9 P.M. 1912 and that death occurred on the date stated above, at 7:40 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis due to fracture of Petrous portion of Temporal bone

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Injury from kick of horse

(Duration) ..... yrs. ..... mos. [redacted] ds.

(Signed) C. A. Owen M. D.

10/1 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fern City Cemetery Blackfoot DATE OF BURIAL: Oct 2 1912

20. UNDERTAKER: E. J. Park ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3233

Registered No. 76

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot (No....., ... St.)
Country

Registration District No. 13
Primary Registration District No. 2053

2. FULL NAME Baby Steffen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ft.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 4 (Day) 1912 (Year)

7. AGE: ~ yrs. ~ mos. ~ ds. IF LESS than 1 day how many 5 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ~
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Blackfoot Ida Country

10. NAME OF FATHER: Arthur Steffen

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Minnie Williams

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) J B Davis M.D.

15. Filed Oct 4 1912 M. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1912, to Oct 4 (7:30 a.m.) 1912 that I last saw h.. alive on Oct 4 1912 and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
Infant- Lack of development

~ (Duration) ~ yrs. ~ mos. 5½ hrs

Contributory (Secondary) ~

..... (Duration) ~ yrs. ~ mos. ~ ds.

(Signed) J B Davis M. D.

Oct 6 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Williams farm
DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: Arthur Steffen
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3234
Registered No. 477

1. PLACE OF DEATH
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Telford Baker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single
6. DATE OF BIRTH: March 23 (Month) (Day) 1899 (Year)
7. AGE: 13 yrs. 6 mos. 11 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Wyoming
10. NAME OF FATHER: Alonzo Baker
11. BIRTHPLACE OF FATHER (State or Country): Mo.
12. MAIDEN NAME OF MOTHER: Malvina Telford
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alonzo Baker
(Address) Etna Wyoming
15. Filed Oct 5 1912 M. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 4 (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, ~~That I attended deceased from~~ James Ignatius ....., to ..... 191..
~~that I last saw h..... alive on~~ ..... 191..
and that death occurred on the date stated above, at 7½ P. M.
The CAUSE OF DEATH* was as follows:
Exhaustion due to Malnutrition & unmanlop-
ment. also an idiot
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) M. E. Patrick M. D.
Oct 5 1912 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rockland Cem — DATE OF BURIAL: Oct 5 1912
20. UNDERTAKER: S S Hammond — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3235
Registered No. 80

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Bell Carlson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 4 (Day) 1912 (Year)

7. AGE: ..... yrs. 7 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ——
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Blackfoot Ida (Country)

10. NAME OF FATHER: George L. Carlson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Ranna Stevens

13. BIRTHPLACE OF MOTHER (State or Country): Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B Davis MD
(Address) Blackfoot Ida

15. Filed Oct 21 1912 M. E. Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 - 2 PM 1912, to Oct 21 - 2 45 1912 that I last saw h[illegible] alive on Oct 20 1912 and that death occurred on the date stated above, at 2 45 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) —— yrs. —— mos. 3 — ds.

Contributory (Secondary) —— (Duration) —— yrs. —— mos. —— ds.

(Signed) B B Davis M. D.
Oct 20 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ferris City C. Blackfoot — DATE OF BURIAL: Oct 22 1912

20. UNDERTAKER: Geo L Carlson — ADDRESS: Blackfoot

R 7.0 ✓ 3

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI-
s should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state-
ent of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3236
Registered No. 81

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

2. FULL NAME Sarah L. Harper

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1877 (Year)

7. AGE: 35 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeper
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Connecticut

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances N. Poole
(Address) Blackfoot. Idaho.

15. Filed Oct 24 1912 W. E. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1911, to Oct. 23 1912 that I last saw her alive on Oct. 23 1912 and that death occurred on the date stated above, at 12.10 P.M.

The CAUSE OF DEATH* was as follows:
Exhaustion due to Senile Dementia

(Duration) 1 yrs. ..... mos. ..... ds.
Contributory (Secondary) Old age
(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Frances N. Poole M. D.
Oct. 23 1912 (Address) Blackfoot. Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 11 mos. ..... ds. In the State ..... yrs. 1 mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence: Nebraska

19. PLACE OF BURIAL OR REMOVAL: Grand Island Neb. DATE OF BURIAL: 1912

20. UNDERTAKER: E. T. Peck ADDRESS: Blackfoot. Idaho.

WYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2046
City of Downey (No. ....., ... St.)

File No. 3237
Registered No. 4546

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John William Maxey.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married.

6. DATE OF BIRTH: November (Month) 17. (Day) 1866 (Year)

7. AGE: 46 yrs. 9 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Grocery
(b) General nature of industry business or establishment in which employed (or employer): Salesman.

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: James William Maxey.

11. BIRTHPLACE OF FATHER (State or Country): Virginia.

12. MAIDEN NAME OF MOTHER: Christine Bunch.

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. W. Maxey.
(Address) Preston Ida.

15. Filed Sept 11-10- 1912 Ellis Kackley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: August (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1912, to Aug 17 1912
that I last saw him alive on Aug 17 1912,
and that death occurred on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:
Terminalitis
..... (Duration) ..... yrs. 1 mos. 7 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Merriman M. D.
Aug 17 1912 (Address) Downey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Downey Cemetery — DATE OF BURIAL: Aug 20 1912
UNDERTAKER: E. Taylor — ADDRESS: Downey

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2046 File No. 3238
City of Downey (No. ....., ... St.) Registered No. 44

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Chadwick Pratt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 31 (Day) 1840 (Year)

7. AGE: 72 yrs. 7 mos. 30 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stockraiser
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: John Pratt

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Sarah McNiles

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jefferson Pratt
(Address) Downey

15. Filed 10-10-1912 Ellis Rockey, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1912, to Sept 30 1912 that I last saw h[illegible] alive on Sept 30 1912, and that death occurred on the date stated above, at 4 a.M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) — yrs. — mos. 10 ds.

Contributory (Secondary) Prostatitis

(Duration) 3 yrs. — mos. — ds.

(Signed) J. Rockey M. D.

Oct 1 1912 (Address) Downey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey Cemetery — DATE OF BURIAL: Oct 3 1912

20. UNDERTAKER: E. Layton — ADDRESS: Downey

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2046
City of Downey (No. ....., ... St.)
File No. 3239
Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Vesselette Whitaker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 14 (Day) 1891 (Year)

7. AGE: 21 yrs. ..... mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Holland Utah

10. NAME OF FATHER: Leander T Whitaker

11. BIRTHPLACE OF FATHER (State or Country): Richmond Utah

12. MAIDEN NAME OF MOTHER: Mary A Parsons

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leander T Whitaker
(Address) Downey Ida

15.
Filed 11-16-1912 Ellis Kackley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1912, to Oct 6 1912, that I last saw h[illegible] alive on Oct 6 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
(Operated)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Operated
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J A Brennan M. D.
Oct 8 1912 (Address) Downey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Downey Cemetery
DATE OF BURIAL: Oct 10 1912
UNDERTAKER: E E Layton
ADDRESS: Downey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3240

Registered No. 42

1. PLACE OF DEATH
County of Bannock
City of Downey (No. ....., ... St.)
Registration District No. 11
Primary Registration District No. 2046
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Tekamah Cy Sessions

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 9 (Day) 1880 (Year)

7. AGE: 31 yrs. 11 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: farming
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bountiful Utah

10. NAME OF FATHER: Peregrine Sessions

11. BIRTHPLACE OF FATHER (State or Country): Maine

12. MAIDEN NAME OF MOTHER: Emerat

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mattie Sessions
(Address) Downey Idaho

15. Filed 11-10-1912 Ellis Kackley Local Registr[redacted]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Sept 2 1912, to ..... 191..
that I last saw h[redacted] alive on Sept 2 1912,
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Knife wounds, from other [redacted]homicidal

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Hemorrhage
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Sargent M. D.
Sept 2 1912 (Address) J. L. Sargent Downey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Downey Cemetery | DATE OF BURIAL: Sept 5 1912

UNDERTAKER: C Layton | ADDRESS: Downey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

[illegible] RESERVED FOR BINDING

STAR-YORK CO., PRINTERS & RULERS, DENVER 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Cambridge
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

File No. 3241
Registered No. 45

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eunice Jane Dewey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: February 17 (Month) 1863 (Day) (Year)

7. AGE: 49 yrs. 7 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Harrisville Utah

10. NAME OF FATHER: Luman Shurtliff

11. BIRTHPLACE OF FATHER (State or Country): Massachusetts

12. MAIDEN NAME OF MOTHER: Mary Adams

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Dewey
(Address) Downey Ida

15.
Filed 11-10-1912 Ellis Hackley
Local Registr[illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1912, to Sept 22 1912
that I last saw her alive on Sept 22 1912,
and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Appendicitis
about 5 days
(Duration) 7 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Arnold M. D.
9-22-1912 (Address) Downey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge
DATE OF BURIAL: Sept 24 1912
UNDERTAKER: C. C. Layton
ADDRESS: Downey Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 18672

Form V. S. No: 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 1006
(No. ....., ... St.)

File No. 3242
Registered No. 98
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Peter Agevedo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
2 yrs. 3 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work ✓
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Jno V Agevedo

11. BIRTHPLACE OF FATHER (State or Country) Portugal

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (State or Country) Mary Blastaga

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jno V Agevedo
(Address) .....

15.
Filed 10/26/1912 O B Beller M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
10 (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to ..... 191..., that I last saw him alive on Oct 25 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Killed by Street Car (Ida Ray Co
Unavoidable accident by Street Car" Verdict (Coroners Inquest)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Beller M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn — DATE OF BURIAL: 10/27 1912

20. UNDERTAKER: J K Robinson — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006 File No. 3243
City of Nampa (No. ....., ... St.) Registered No. 99
If death occurs away from usual residence, give facts called for under special information. If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Minnie Lovejoy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 29 (Day) 1869 (Year)

7. AGE: 43 yrs. 7 mos. 30 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nev

10. NAME OF FATHER: Lawson Hughes

11. BIRTHPLACE OF FATHER (State or Country): Dont know

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O C Lovejoy
(Address) Nampa Ida

15. Filed Oct 29 1912 O B Bellew M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1910, to Oct 28 1912 that I last saw her alive on Oct 28 1912, and that death occurred on the date stated above, at 12.30 P M.

The CAUSE OF DEATH* was as follows:
Tubercular Phthisis
(Duration) 7 yrs. — mos. — ds.
Contributory (Secondary) acute bronchitis
(Duration) 0 yrs. 0 mos. 10 ds.

(Signed) H. P. Ross M. D.
Oct 29 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF BURIAL: Oct 29 1912

20. UNDERTAKER: F. K. Robinson — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)
File No. 384
Registered No. 89
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Isaac Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 6 (Day) 1848 (Year)

7. AGE: 64 yrs. 4 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Blacksmith
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Absalom Wells

11. BIRTHPLACE OF FATHER (State or Country): Dont Know.

12. MAIDEN NAME OF MOTHER: Mary Galen

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank L Rising
(Address) Nampa Idaho

15.
Filed 10-2-1912 O B Bellew M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 25th 1912, to Sep 30 1912, that I last saw h[im] alive on Sep 30 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Valvular Heart disease

(Duration) 2 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Bellew M. D.
Oct 1 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rosedale Nampa Ida — DATE OF BURIAL: Oct 2 1912

20. UNDERTAKER: J B Shellabarger — ADDRESS: Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)
File No. 3245
Registered No. 94
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Geo Rockwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 6 (Day) 1863 (Year)

7. AGE: 49 yrs. 9 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: D W Rockwell

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Jane Ingram

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Elva Rockwell
(Address) Nampa

15.
Filed 10-17-1912 O B Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9 1912, to Oct 11 1912, that I last saw him alive on Oct 11 1912, and that death occurred on the date stated above, at 5.30 P. M.

The CAUSE OF DEATH* was as follows:
Miners Consumption

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D H Murray M. D.
Oct 12 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Georgetown Colo
DATE OF BURIAL: 10-18-1912

20. UNDERTAKER: F L Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 23
County of Canyon Primary Registration District No. 1006 File No. 3246
City of Nampa (No. , J. J. Seawell Farm) Registered No. 95
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Infant Daughter Lucile Seawell
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Oct (Month) 24 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ...16 hrs. or 30 min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER J J Seawell

11. BIRTHPLACE OF FATHER (State or Country) Calif

12. MAIDEN NAME OF MOTHER Elsie R Hicks

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Seawell
(Address) Nampa Ida

15. Filed Oct 25 1912 O B Beller M D Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1912, to Oct 24 1912 that I last saw h[illegible] alive on Oct 24 1912, and that death occurred on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth - Small
Incomplete closure of
heart foramen.
(Duration) — yrs. 16½ hours mos. — ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. W. Murray M. D.
Oct 25 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Nampa Idaho — DATE OF BURIAL: 10/25 1912

20. UNDERTAKER: Fred K Robinson — ADDRESS: Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3247
Registered No. 92
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005

2. FULL NAME Mrs E. J. Holt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: 4 (Month) 4 (Day) 1827 (Year)

7. AGE: 85 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: John Wright

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. E. Holt
(Address) Caldwell

15. Filed Oct. 10 1912 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10 (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1912, to Oct 7 1912 that I last saw her alive on Oct. 7 1912, and that death occurred on the date stated above, at 4:30 P M.

The CAUSE OF DEATH* was as follows: Intestinal Paresis

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Kaley M. D.
19..... (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence. .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: 10/9 1912

20. UNDERTAKER: W. L. Dye
ADDRESS: Caldwell

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1095

(No. ..... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3218

Registered No. 93

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Canyon

City of Caldwell

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Angus Martin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 85 yrs. – mos. – ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. F. Platt

(Address) Caldwell

15.

Filed Oct. 14 1912 — John S. Meyer M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1912 to Oct 12 1912 that I last saw him alive on Oct. 11 1912 and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Septic Enteritis

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary): Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) O. M. Talley M. D.

Oct 14 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill — DATE OF BURIAL: 10/12 1912

20. UNDERTAKER: Platt Peckham — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 3249
Registered No. 97
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME James Walter Alder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
74 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work Lumber Merchant
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wisconsin

10. NAME OF FATHER James Alder

11. BIRTHPLACE OF FATHER (State or Country) New York

12. MAIDEN NAME OF MOTHER Franklin Starr

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Walter Alder
(Address) Caldwell Idaho

15.
Filed Oct 25th 1912 — John D. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1910, to Oct 21 1912 that I last saw him alive on Oct 21 1912, and that death occurred on the date stated above, at 8 a' M.

The CAUSE OF DEATH* was as follows:
Senkarma:
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Pernicious Anemia
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. J. Miller M. D.
Oct 24 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death? .....
Former or
usual residence .....

19. PLACE OF BURIAL OR REMOVAL Platt Pleasant
DATE OF BURIAL 10 22 1912

20. UNDERTAKER Canyon Hill Cem
ADDRESS Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1006
File No. 3250
Registered No. 102

1. PLACE OF DEATH.
County of Canyon
City of Caldwell (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Harry N. Matteson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: November 2 (Month) (Day) 1867 (Year)

7. AGE: 44 yrs. 11 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Perry Matteson

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Elizabeth R. Stall

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pacy Matteson
(Address) Caldwell Idaho

15.
Filed Nov 6 1912 John A Meyer Jr Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 22 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to Oct 22 1912, that I last saw him alive on Oct 22 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Abscess of Lung

(Duration) 44 yrs. 11 mos. 20 ds.
Contributory (Secondary) Pleuro-Pneumonia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. J. Mellen M. D.
Oct 23 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pleasant Ridge
DATE OF BURIAL: Oct. 25 1912

20. UNDERTAKER: W. C. Dyer
ADDRESS: Caldwell, Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3251

Registered No. 96

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Canyon Primary Registration District No. 2005

City of Caldwell (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob Wohlgamuth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept - 19 - 1842
(Month) (Day) (Year)

7. AGE: 70 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER Jacob W. Wohlgamuth

11. BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER Barbara Blackstone

13. BIRTHPLACE OF MOTHER (State or Country) Penn-

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Platt
(Address) .....

15.
Filed Oct. 25 - 1912 John L. Myers, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Oct - 22 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Paralysis
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) S. J. Miller M. D.
Oct 25 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was *Disease* contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fargo Cemetery — DATE OF BURIAL: Oct 23 1912

20. UNDERTAKER: Platt Rucklan — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3252
Registered No. 90

1. PLACE OF DEATH.
County of Canyon
City of at home ranch (No. near, Caldwell St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005

2. FULL NAME Wm Alexander George

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. 16 (Month) 1840 (Day) 1 (Year)

7. AGE: 72 yrs. 7 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... mtn.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: rancher
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Knox Co Ill-

10. NAME OF FATHER: Ellis B. George

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Rhoda McDonald

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eva M. Bryan
(Address) Onyx Inn Ida

15.
Filed Oct. 10 1912 John L. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1912 to to Sept 11 1912 that I last saw him alive on Sept 10 1912, and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of brain and Paralysis

(Duration) yrs. 4 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) S. J. Miller M. D.
Oct 8 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pleasant Ridge
DATE OF BURIAL: 9/12 1912

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2005
City of Nampa (No. ....., ... St.)
File No. 3253
Registered No. 91
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Raymond Otto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 4 (Month) – (Day) 1904 (Year)

7. AGE: 8 yrs. 6 mos. – ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Student
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho.

10. NAME OF FATHER: Jas. Otto.

11. BIRTHPLACE OF FATHER (State or Country): Canada.

12. MAIDEN NAME OF MOTHER: ~~Ida~~ Ella James

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. Otto
(Address) .....

15.
Filed Oct. 10th 1912 John L. Meyer M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidental Killed
Instantly
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. W. Long M. D.
Oct 8 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nampa — DATE OF BURIAL: 10/10 1912

20. UNDERTAKER: W. G. Ogle Adm — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH.

County of Washington

City of Cambridge

Registration District No. 26

Primary Registration District No. 2114

(No. ....., ... St.)

File No. 56

Registered No. 3254

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Marquess

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6. DATE OF BIRTH Oct 14 1912
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many 3 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cambridge

10. NAME OF FATHER Robert Marquess

11. BIRTHPLACE OF FATHER (State or Country) Mo

12. MAIDEN NAME OF MOTHER Cora Cox

13. BIRTHPLACE OF MOTHER (State or Country) Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C E Schmuck
(Address) Cambridge

15. Filed Oct 17 1912 C E Schmuck
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 14 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1912, to Oct 14 1912
that I last saw him alive on Oct 14 1912
and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Immaturity

(Duration) 3 hours ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C E Schmuck M. D.
Oct 14 1912 (Address) Cambridge Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Palouse

DATE OF BURIAL Oct 14 1912

20. UNDERTAKER James Hudelson

ADDRESS Cambridge Ida

17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ment of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2114
(No. ....., ... St.)

File No. 3255
Registered No. 59

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Coleman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct (Month) 22 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 4 hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Washington Co Idaho

10. NAME OF FATHER: Ed Coleman

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Mary Rose

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Simeon Hopper M.D.
(Address) Cambridge Ida

15. Filed Oct 29 1912. C E Schwartz Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1912, to Oct 23 1912
that I last saw her alive on Oct 23 1912
and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
Premature birth at 6½ mos
from Hyperemesis Gravidarum

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Simeon Hopper M. D.
Oct 23 1912 (Address) Cambridge Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: J A Anderson Cambridge — DATE OF BURIAL: 10/23 1912

20. UNDERTAKER: J A Anderson — ADDRESS: Cambridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. CIANS should state

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3256
Registered No. 60

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 2114
(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Coleman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: October (Month) 22 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 5 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Washington Co. Ida

10. NAME OF FATHER: T A Coleman

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: Mary Rose

13. BIRTHPLACE OF MOTHER (State or Country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs S Hopper
(Address) Cambridge Ida

15. Filed Oct 29 1912. C E Schmidt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1912, to Oct 23 1912
that I last saw her alive on Oct 23 1912
and that death occurred on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:
Premature birth at 6½ mo
from Hyperemesis Gravidarum

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Hopper M. D.
Oct 23 1912 (Address) Cambridge Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cambridge
DATE OF BURIAL: Oct 23rd 1912

20. UNDERTAKER: J A Anderson
ADDRESS: Cambridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3257
Registered No. 58,

1. PLACE OF DEATH.
County of Washington
City of Midvale

Registration District No. 26
Primary Registration District No. 2113
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: Oct (Month) 27 (Day) 1912 (Year)
7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Not ocupied
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Wm W Whitlow
11. BIRTHPLACE OF FATHER (State or Country): Nebraska
12. MAIDEN NAME OF MOTHER: Maude Stuart
13. BIRTHPLACE OF MOTHER (State or Country): Mo
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Wm Mackey
(Address) Midvale Ida
15.
Filed Oct 28 1912 Faschnitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 27 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) No Physician attending M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Midvale
DATE OF BURIAL: Oct 28 1912
20. UNDERTAKER: L. L. Kay
ADDRESS: Midvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 1010
File No. 3258
Registered No. 62

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Baby Lancaster

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH
Oct 31 (Month) (Day) 1912 (Year)

7. AGE
... yrs. ... mos. ... ds.
IF LESS than 1 day how many ... hrs. or ... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER R. F. Lancaster.

11. BIRTHPLACE OF FATHER (State or Country) Scotland Co Mo.

12. MAIDEN NAME OF MOTHER Emma Williams.

13. BIRTHPLACE OF MOTHER (State or Country) State of Nebraska.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. F. Lancaster
(Address)

15.
Filed Oct 31st 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct - 31 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31 1912, to Oct 31 1912, that I last saw her alive on Oct 31 1912, and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Weak condition at birth
Infantile Incanition
(Duration) ... yrs. ... mos. ... ds.
Contributory —
(Secondary)
(Duration) — yrs. ... mos. ... ds.

(Signed) J. A. Young M. D.
Oct 31/1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Weiser Idaho | DATE OF BURIAL 11/1 1912

20. UNDERTAKER R. M. Bonzo | ADDRESS Weiser Id

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Washington — Registration District No. 26
City of Weiser — Primary Registration District No. 1010
(No. West Main St.) — File No. 3259
If death occurs away from usual residence, give facts called for under special information. — Registered No. 61
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Alvira L. Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH: April — 29 — 1836 (Month) (Day) (Year)

7. AGE: 76 yrs. 5 mos. 25 ds. — IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): College Hill; Ohio

10. NAME OF FATHER: James Kilkey

11. BIRTHPLACE OF FATHER (State or Country): Gorham, Maine.

12. MAIDEN NAME OF MOTHER: Eunice Brown

13. BIRTHPLACE OF MOTHER (State or Country): State of New Jersey.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. A. Record
(Address) Weiser Ida

15. Filed Oct 25th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. — 24 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1912, to Oct 20 1912, that I last saw h Ei alive on Oct 20 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Heart Collapse

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arteriosclerosis.
(Duration) ? yrs. ? mos. ? ds.

(Signed) E B Dudley M. D.
10/25 1912 (Address) Weiser; Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Everett; Wash. — DATE OF BURIAL: 10/29 1912

20. UNDERTAKER: R. M. Brown — ADDRESS: Weiser; Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Washington
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 1010
(No. 20 East, Idaho St.)

File No. 3260
Registered No. 57
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Sarah Krawn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
X (Month) — X (Day) — 1889 (Year)

7. AGE
23 yrs. 9 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Milwaukee, Wisconsin

10. NAME OF FATHER Henry Gebhardt

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Lena Hoffman

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ferdinand Krawn
(Address) Weiser, Idaho

15.
Filed Oct 17th 1912 W. R. Hamilton — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct (Month) — 16 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...,
that I last saw h— alive on — 191...,
and that death occurred on the date stated above, at 9 P. M.
The CAUSE OF DEATH* was as follows:
Suicide, by taking Carbolic acid.

.....(Duration)..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
.....(Duration)..... yrs. ..... mos. ..... ds.

(Signed) R. W. Bowen, Coroner M. D.
10/18 1912 (Address) Weiser, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Edgar, Wisconsin	10/23 1912

20. UNDERTAKER	ADDRESS
R. W. Bowen	Weiser, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3261

Registered No. 54

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Washington

City of Weiser

Registration District No. 26

Primary Registration District No. 1010

(No. Josephine Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Josephine Hagans

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept. — 2 — 1886 (Month) (Day) (Year)

7. AGE: 26 yrs. 7 mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Michigan

10. NAME OF FATHER: Freman Marr

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: —— Leaure

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. H. Hagans
(Address) Weiser, Idaho

15. Filed Oct 24 1912 W. R. Knuckles Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. — 11 — 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1912, to Sept 10 1912, that I last saw h[illegible] alive on Sept 10 1912, and that death occurred on the date stated above, at 2 9/12 M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Septicaemia

(Duration) ..... yrs. ..... mos. 13 ds.

Contributory (Secondary) Septic Peritonitis.

(Duration) ..... yrs. ..... mos. 13 ds.

(Signed) S O B Dudley M. D.

9/11 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos. ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? Mann's Creek Ranch

Former or usual residence:

19. PLACE OF BURIAL OR REMOVAL: Mann's Cr. Cemetery, Wash. Co.

DATE OF BURIAL: 9/12 1912

20. UNDERTAKER: R. W. Bowen

ADDRESS: Weiser, Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3262
Registered No. 55

1. PLACE OF DEATH. Registration District No.
County of Washington Primary Registration District No.
City of Weiser (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harry P. Swisher

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Sept (Month) 13 (Day) 1852 (Year)

7. AGE: 60 yrs. — mos. 29 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stockman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Abram Swisher

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Edeth Fanning

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elysha Swisher
(Address) Indian Valley, Ida

15. Filed Oct 14 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21 1912, to Oct 12 1912
that I last saw him alive on October 12 1912
and that death occurred on the date stated above, at 5 40 P.M.

The CAUSE OF DEATH* was as follows:
Mitral Insuffiency

(Duration) 1 yr mos. ds.
Contributory (Secondary) None
(Duration) yrs. mos. ds.

(Signed) James A Young, M. D.
(Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the Weiser General Hosp. State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Baker city, Oregon
Former or usual residence: Baker City Oregon

19. PLACE OF BURIAL OR REMOVAL: Baker. Ore
DATE OF BURIAL: 191

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3264
Registered No. 99

1. PLACE OF DEATH.
County of Lewis
City of Nezperce
Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Willard Edwin Pugh

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: March 24 (Month) — (Day) 1908 (Year)

7. AGE: 4 yrs. 1 mos. 29 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Nezperce, Idaho

10. NAME OF FATHER: David D. Pugh

11. BIRTHPLACE OF FATHER (State or Country): Wales, England

12. MAIDEN NAME OF MOTHER: Mary James

13. BIRTHPLACE OF MOTHER (State or Country): Ohio,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David D Pugh
(Address) Nez Perce

15.
Filed 10-22-1913 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 23 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 191..., to May 23 191..
that I last saw him alive on May 23 191..
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Conflagration

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Carbon Dioxide Poisoning
..... (Duration) ..... yrs. 1 mos. ..... ds.
(Signed) J. R. Kelly M. D.
19... (Address) Nezperce Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nezperce Ida
DATE OF BURIAL: May 24 1917

20. UNDERTAKER: P. E. Miller
ADDRESS: Nez Perce

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3265

Registered No. 40

1. PLACE OF DEATH.

Registration District No. 32

County of Lewis

Primary Registration District No. 2137

City of Nez Perce

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Eugene Finley Triplett

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): M

6. DATE OF BIRTH: February (Month) 23 (Day) 1880 (Year)

7. AGE: 32 yrs. 1 mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farm laborer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Francis M. Triplett

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Hendricks.

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bonnie Triplett
(Address) Nez Perce, Idaho.

15.

Filed 10-22 1912 Edward S. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: April (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191... that I last saw h... alive on ..... 191... and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

From rifle wounds.
Accidental.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gilbert — DATE OF BURIAL: April 2 1912

20. UNDERTAKER: C. C. Miller — ADDRESS: Nezperce

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3266
Registered No. 41

1. PLACE OF DEATH.
County of Lewis
City of Nezperce

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hallard Oliver Trout

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): S

6. DATE OF BIRTH: June (Month) 21 (Day) 1911 (Year)

7. AGE: ..... yrs. 11 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Nezperce ~~Colorado~~

10. NAME OF FATHER: Harry Trout

11. BIRTHPLACE OF FATHER (State or Country): Colorado

12. MAIDEN NAME OF MOTHER: Roberts

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry W. Trout
(Address) Nezperce Ida

15.

Filed 10-22 1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May 25th. 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1912, to May 25 1912 that I last saw h[illegible] alive on May 24 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory Whooping Cough
(Secondary)
..... (Duration) ..... yrs. 1 mos. 10 ds.

(Signed) J. K. Kelly M. D.
5-26 1912 (Address) Nezperce Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce
DATE OF BURIAL: 5-27 1912

20. UNDERTAKER: J. C. Miller
ADDRESS: Nezperce

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Logan's
County of Nezperce
City of Nezperce

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 3267
Registered No. 42

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Young Hing Dong

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: China
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: about 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business or establishment in which employed (or employer): Laundryman

9. BIRTHPLACE (State or Country): —

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tong Lee
(Address) Nezperce

15.
Filed 10-22 1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 6 (Month) – 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Papers filed by Coroner.
Suicide!
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce
DATE OF BURIAL: 6-9-1912

20. UNDERTAKER: J. C. Miller
ADDRESS: Nezperce

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3268
Registered No. 43

1. PLACE OF DEATH.
County of Lemhi
City of Leggett
(No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lester Merlin Weygandt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	single

6. DATE OF BIRTH: 9 (Month) 19 (Day) 1911 (Year)

7. AGE: ..... yrs. 11 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Mem to Idaho

10. NAME OF FATHER Wm Weygandt

11. BIRTHPLACE OF FATHER (State or Country) Wis.

12. MAIDEN NAME OF MOTHER Marvon

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Weygandt
(Address) Leggett

15.
Filed 10-14- 1912 Edson B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. 27 (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 8 191[illegible], to Aug 25 191[illegible]
that I last saw h[illegible] alive on Aug 25 191[illegible]
and that death occurred on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:
Cerebro-spinal Meningitis

..... (Duration) ..... yrs. ..... mos. 20 ds.
Contributory Cardiac Dilatation
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. G. Jeffreys M. D.
10/12 1912 (Address) Leggett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Leggett — DATE OF BURIAL: 8/28 191[illegible]

20. UNDERTAKER: P. E. Miller — ADDRESS: Leggett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3269
Registered No. 44

1. PLACE OF DEATH.
County of Lewis
City of Nezperce
Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hazel Sophia Sorenson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 30 (Day) 1907 (Year)

7. AGE: 5 yrs. 6 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ---
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Anton Sorenson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Olava Berg

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anton Sorenson
(Address) Nezperce

15.
Filed 10-22-1912 Edward B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Tox Anemia exciting probably
Mitral Trouble following

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) whooping cough
..... (Duration) ..... yrs. 3 mos. ..... ds.
(Signed) D. A. Jeffreys M. D.
10/22 1912 (Address) Nezperce

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Nezperce — DATE OF BURIAL: 8/24 1912

20. UNDERTAKER: P. E. Hailey — ADDRESS: Nezperce

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3270
Registered No. 45

1. PLACE OF DEATH.
County of Clearwater
City of Orofino

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Pearl Ratliff

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 4 (Month) 19 (Day) 1888 (Year)

7. AGE: 24 yrs. 5 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hus.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: J.W. Broadoon

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. A. Jeffreys
(Address) Kendrick

15. Filed 10-14 1912 Edgar B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 9 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 to 191
that I last saw h... alive on 191
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pneumonia acidosis
Traumatic spine

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. A. Jeffreys M. D.
10/12 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kendrick
DATE OF BURIAL: 9/29 1912

20. UNDERTAKER: P. E. Miller
ADDRESS: Kendrick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lewis
City of Forest

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 3271
Registered No. 46

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Henry M Sautz

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec 6 (Month) (Day) 1872 (Year)

7. AGE: 39 yrs. 10 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Keeper
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penna.

10. NAME OF FATHER: Henry Sautz

11. BIRTHPLACE OF FATHER (State or Country): Penna

12. MAIDEN NAME OF MOTHER: Abbie —

13. BIRTHPLACE OF MOTHER (State or Country): Penna

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Bertha M Sautz
(Address) Forest, Idaho

15. Filed 10 - 11 1912 Ellen P. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 2nd (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1912, to Oct 2nd 1912
that I last saw h[illegible] alive on Oct 2nd 1912
and that death occurred on the date stated above, at 2:00 A.M.
The CAUSE OF DEATH* was as follows:
Suicide by
Inhalation

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Ellen P Rogers M. D.
10 - 11 - 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Elo. Idaho
DATE OF BURIAL: Oct 5th 1912

20. UNDERTAKER: Elo Hdw & Imp Co.
ADDRESS: Elo. Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 31

County of

Primary Registration District No. 216

City of

(No. , St.)

File No. 3279

Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Job Howell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 10 (Day) 1863 (Year)

7. AGE: 49 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Toole Utah

10. NAME OF FATHER: Benj. R. Howells

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Hannah Boon

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Howells
(Address) Oakley Idaho

15. Filed Oct 12 1912 L. E. Stockdale Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1912, to Sept 15 1912, that I last saw him alive on Sept 15 1912 and that death occurred on the date stated above, at 3 M.

The CAUSE OF DEATH* was as follows:

I saw him for 5 minutes.
Cardiac failure

(Duration) — yrs. — mos. — ds.

Contributory (Secondary): Probable Pericarditis

(Duration) Not yrs. mos. ds.

(Signed) M. O. Nelson M. D.

19 (Address) Oakley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oakley Idaho — DATE OF BURIAL: Sept 17 1912

20. UNDERTAKER: Jacob Robinson — ADDRESS: Oakley

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 21

County of

Primary Registration District No. 2126

File No. 3273

City of

(No. , St.)

Registered No. 42

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Ellsworth Hunter

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Dec. (Month) 21 (Day) 1906 (Year)

7. AGE: 5 yrs. 9 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Oakley Cassia Co. Idaho

10. NAME OF FATHER: Cyrus Rozel Hunter

11. BIRTHPLACE OF FATHER (State or Country): Oakley, Idaho

12. MAIDEN NAME OF MOTHER: Emma Louisa Sevey

13. BIRTHPLACE OF MOTHER (State or Country): Oakley Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cyrus R. Hunter
(Address) Oakley, Idaho

15. Filed Nov 9 1912 L. L. Stocksleger Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1912, to Oct 15 1912 that I last saw h[illegible] alive on 2.30 Oct 15 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(Duration) — yrs. — mos. 5 ds.

Contributory (Secondary) Probable perforative Appendicitis

(Duration) Uncertain yrs. — mos. — ds.

(Signed) W. O. Watson M. D.

Oct 17 1912 (Address) Oakley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Oakley, Idaho — DATE OF BURIAL: Oct 16 1912

20. UNDERTAKER: M. M. Bell — ADDRESS: Oakley Idaho

[redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3274

Registered No. 43

1. PLACE OF DEATH.
County of Cassia
City of Oakley

Registration District No. 31
Primary Registration District No. 7176
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ellis Baker Robinson.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Caucasian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept 27 (Month) 27 (Day) 1912 (Year)

7. AGE: ____ yrs. ____ mos. 10½ ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Lorer J. Robinson Jr.

11. BIRTHPLACE OF FATHER (State or Country): Willow Creek - Idaho

12. MAIDEN NAME OF MOTHER: Rosetta V. Baker

13. BIRTHPLACE OF MOTHER (State or Country): Stafford Co. St John Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L J Robinson Jr.
(Address) Oakley Cassia Co. Idaho

15. Filed Nov 9 1912 — L B Stockdale — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 7 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1912, to Oct 6 1912
that I last saw him alive on Oct 6th 1912
and that death occurred on the date stated above, at 7 P M.
The CAUSE OF DEATH* was as follows:

Acute Gastritis

..... (Duration) — yrs. — mos. 8 ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W J Robinson M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Oakley
DATE OF BURIAL: Oct 8 1912

20. UNDERTAKER: L J Robinson
ADDRESS: Oakley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. [redacted] 7-24-11

[redacted]RTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3275
Registered No. 40

1. PLACE OF DEATH.
County of Cassia
City of Burley
Registrati[redacted]rict No. 31
Primary Registration District No. 2132
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Franklin Frost

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 7 (Day) 1912 (Year)

7. AGE: yrs. 9 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Box Elder Co. Utah

10. NAME OF FATHER: Frank C. Frost

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Sarah L. James

13. BIRTHPLACE OF MOTHER (State or Country): Ill. Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. C. Frost
(Address) Burley Cassia Co. Ida.

15. Filed Nov 9 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1912, to Oct 20 1912
that I last saw h[redacted]r alive on Oct 20 1912
and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Consumption

(Duration) ..... yrs. 1 mos. 15 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Minter M. D.
Oct 24 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley Ida — DATE OF BURIAL: Oct 26 1912

20. UNDERTAKER: L. B. Gallogly — ADDRESS: Burley Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 31
County of Cassia Primary Registration District No. 71 st
City of Burley (No. ....., ... St.)
File No. 3276
Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Altha Boynton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed
6. DATE OF BIRTH: Feb. (Month) 28 (Day) 1850 (Year)
7. AGE: 62 yrs. 7 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Indiana
10. NAME OF FATHER: Jas. Bishop
11. BIRTHPLACE OF FATHER (State or Country): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): Unknown
14. THE AB[illegible] TRUE TO THE BEST OF MY KNOWLEDGE
(Informan[illegible] J. Vancoy.
(Ad[illegible] Jackson
15.
Filed Nov[illegible] 1912 L. B. Hookdeyer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1912., to Oct 1 1912 that I last saw her alive on Oct 1 1912 and that death occurred on the date stated above, at 4 P M.
The CAUSE OF DEATH* was as follows: Hemorrhage of brain
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary): old age
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. M. Minster M. D.
Oct 2 1912 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 6 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida — DATE OF BURIAL: Oct 2 1912
20. UNDERTAKER: L. B. Gallogly — ADDRESS: Burley Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BIN[illegible]48

Form V. S. No. 5. 12½M:7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Genesee

Registration District No. 18
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 3277
Registered No. 777

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Verner Bernard Halvorsen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	single

6. DATE OF BIRTH: Oct. (Month) 19 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Genesee Idaho

10. NAME OF FATHER: John Halvorsen

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Clara Rosenau

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Rosenau
(Address) Genesee Idaho

15. Filed Oct 25 1912 W. F. Allen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1912, to Oct. 24 1912 that I last saw him alive on Oct. 23 1912 and that death occurred on the date stated above, at 10. A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) — yrs. — mos. 3 ds.

Contributory (Secondary) Gastro-Enteritis

..... (Duration) — yrs. — mos. 3 ds.

(Signed) J. M. McColl M. D.

Oct. 24 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lutheran cemetary — DATE OF BURIAL: Oct 26 1912

20. UNDERTAKER: Wm. Rosenau — ADDRESS: Genesee Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Kendrick

Registration District No. 15
Primary Registration District No. 2064
(No. ....., ... St.)

File No. 3278
Registered No. 124

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Adam Alber

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Dec. (Month) 25 (Day) 1831 (Year)

7. AGE: 81 yrs. 9 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Carl Alber

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Augusta Auer

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jacob Alber
(Address) Kendrick Idaho

15. Filed Oct 19 1912 J E Hoyt Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1912, to Oct 19 1912 that I last saw him alive on Oct 18th 1912 and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 0 yrs. 0 mos. 6 ds.

Contributory (Secondary) 0

(Duration) 0 yrs. 0 mos. - ds.

(Signed) W. A. Rothwell M. D.
Oct. 19th 1912 (Address) Kendrick Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weld Rose Cemetery — DATE OF BURIAL: Oct 19 1912

20. UNDERTAKER: D. J. Rowland — ADDRESS: Kendrick Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 15

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3279
Registered No. 125

1. PLACE OF DEATH.
County of Lalah
City of Kendrick
Registration District No.
Primary Registration District No. 2064
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Daniel W. Koker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 20 (Day) 1888 (Year)

7. AGE: 24 yrs. 8 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N Dak

10. NAME OF FATHER: L. S. Koker

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Rosella Chapman

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. S. Koker
(Address) Kendrick Ida

15. Filed Oct 9 1912 — J. E. Hoyt, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 10 1912, to Oct 9 1912
that I last saw him alive on Oct 9 1912
and that death occurred on the date stated above, at 8 9 M.

The CAUSE OF DEATH* was as follows:
Endocarditis

(Duration) yrs. + mos. 10 ds.
Contributory (Secondary): Inflamatory rheumatism
(Duration) yrs. 1 mos. ds.

(Signed) W. A. Caldwell & J. E. Hoyt M. D.
Oct 9 1912 (Address) Kendrick

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Kendrick Cemetery — DATE OF BURIAL: Oct 10 1912

20. UNDERTAKER: D. J. Rowland — ADDRESS: Kendrick

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3280
Registered No. 721

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2066
City of Palouse (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME. Delbert Brooks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Don't Know (Month) Don't Know (Day) 1895 (Year)

7. AGE: 17 yrs. ..... mos. ..... ds. Don't Know
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farm Hand
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: John Brooks

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Margaret Thompson

13. BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Thompson
(Address) Palouse

15. Filed Oct. 19th 1912 — D. M. Tadmyster Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. 18 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1912, to ..... 191..
that I last saw him alive on Oct 9 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Valvular Heart disease

..... (Duration) Don't Know yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. T. Boyd M. D.
Oct 19 19.. (Address) Palouse, Wash.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Genesee — DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3282
Registered No. 123

1. • PLACE OF DEATH.
County of Latah
~~City of~~ Potlatch

Registration District No. 15.
Primary Registration District No. 2066.
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Morta E. Elisabet Alsterlund

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct. (Month) 12. (Day) 1902. (Year)

7. AGE: 10 yrs. 5 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): none

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Erick Alfred Alsterlund

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Morta E Elisabet Asplund

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ~~Father~~ Ester Gladys Alsterlund
(Address) 835 Larch St. Potlatch

15.
Filed Oct. 13. 1912 D. Jr. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 9. (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Sept. 26 1912, ~~to~~ as consultant ~~191~~ that I last saw her alive on Sept. 26 1912 and that death occurred on the date stated above, at 12 30 ~~A~~ M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.
Dr La Pard attending
(Duration) ..... yrs. ..... mos. 25 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ernest S Hern M. D.
Oct. 9. 1912 (Address) Palouse Wash.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Potlatch Idaho
DATE OF BURIAL: Oct 11 1912

20. UNDERTAKER: E Andersons
ADDRESS: Palouse Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3283
Registered No. 124

1. PLACE OF DEATH. Registration District No. 15
County of Latah Primary Registration District No. 2068
City of Kelmer (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ole Bakken

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): married

6. DATE OF BIRTH: May (Month) 5 (Day) 1842 ~~1842~~ (Year)

7. AGE: 71 yrs. 5 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: hotel keeper
(b) General nature of industry business or establishment in which employed (or employer): employer

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS ~~TRUE TO THE BEST~~ OF MY KNOWLEDGE
(Informant) P. C. Faust
(Address) Deary

15. Filed 10/12 1912 P. C. Faust Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1912, to Oct. 12 1912
that I last saw h im alive on Oct. 11 1912
and that death occurred on the date stated above, at 4:35 A.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.
Contributory (Secondary) Chronic cough
(Duration) 30 yrs. — mos. — ds.

(Signed) P. C. Faust M. D.
10/12 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Zion Cemetery
DATE OF BURIAL: 10/13 1912

20. UNDERTAKER: none
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3284
Registered No. 127

1. PLACE OF DEATH.
County of Latah
City of Deary
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2068
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margret H. Nesbit

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Oct. (Month) 8 (Day) 1836 (Year)

7. AGE: 75 yrs. 11 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: H.W.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: William Houston

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Elizabeth Truby

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Nesbit
(Address) Avon

15. Filed 9/30 1912 P. C. Stanst
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1912, to Sept. 29 1912
that I last saw her alive on Sept 29 1912
and that death occurred on the date stated above, at 4:35 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of pylorus & gall ducts.
..... (Duration) 1 yrs. — mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. C. Stanst M. D.
9/29 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Avon Cemetery
DATE OF BURIAL: 9/30 1912

20. UNDERTAKER: none
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 3285
Registered No. 118
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Way Euphemia Benedict

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May (Month) 17 (Day) 1900 (Year)

7. AGE: 12 yrs. 5 mos. 2 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Moscow Idaho

10. NAME OF FATHER: O A Benedict

11. BIRTHPLACE OF FATHER (State or Country): Farmington Wis

12. MAIDEN NAME OF MOTHER: Mertie Archer

13. BIRTHPLACE OF MOTHER (State or Country): Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O A Benedict
(Address) Moscow Idaho

15. Filed Oct 20 1912 — J J Rae — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1910., to Oct 1 1912
that I last saw her alive on June 1 about 19[illegible]
and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:
Paralysis of lower limbs
dating from birth
all her life
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) General decline due to the paralysis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J N Clarke M. D.
19 J (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: Geo Stutz — ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 3286
Registered No. 120
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Walter Wilson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: June (Month) 12 (Day) 1845 (Year)

7. AGE: 67 yrs. 4 mos. 18 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): Retired

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Fendelline

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Wilson
(Address) Moscow

15. Filed Oct 30 1912 D. H. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Oct 30 1912, that I last saw him alive on Oct 30. 1912, and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Strain.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marie C. Gorham D.

19 (Address) 102 Urquhart Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Oct 31 1912

20. UNDERTAKER: Geo Stetz — ADDRESS: Moscow

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 3287
Registered No. 129
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Georgia Berneta Sheerer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 9 (Day) 1910 (Year)

7. AGE: 2 yrs. 10 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Moscow

10. NAME OF FATHER: Charles Sheerer

11. BIRTHPLACE OF FATHER (State or Country): I A

12. MAIDEN NAME OF MOTHER: Rose E. Saunder

13. BIRTHPLACE OF MOTHER (State or Country): Ch.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rose E Sheerer
(Address) Moscow

15. Filed Nov 9 1912 F. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. 8 (Month) 8th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1912, to Nov 8 1912
that I last saw her alive on Nov 8th 1912,
and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Acute Capilary Bronchitis
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Infantile Paralysis
..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) W. A. Aiken M. D.
Nov 7th 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clinton Cimetery
DATE OF BURIAL: Nov 10 1912

20. UNDERTAKER: Geo. Stolz
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3288

Registered No. 119

1. PLACE OF DEATH.
County of Latah
City of Moscow (No. ....., ... St.)

Registration District No. 15

Primary Registration District No. 2062

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ernest Egland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: December 11th (Month) 1884 (Day) 1 (Year)

7. AGE: 20 yrs. 10 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Story County Iowa

10. NAME OF FATHER: Hans Egland

11. BIRTHPLACE OF FATHER (State or Country): Story Co. Iowa

12. MAIDEN NAME OF MOTHER: Isabelle Thompson

13. BIRTHPLACE OF MOTHER (State or Country): Hamilton Co. Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hans Egland
(Address) Moscow

15. Filed Oct 31 1912 — W. F. Rae, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ On Oct 27th 1912, to Oct 27 1912
that I last saw him alive on Oct 27 1912
and that death occurred on the date stated above, at 9.20 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculor Meningitis

(Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) Pulmonary Tuberculosis
(Duration) ..... yrs. 18 mos. ..... ds.

(Signed) W. A. Adair M. D.
Oct 31st 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Nov 2 1912

20. UNDERTAKER: Geo Kelly — ADDRESS: Moscow

MARGINAL SPACE RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
File No. 3289
Registered No. 10

1. PLACE OF DEATH.
County of Nez Perce
City of Lapwai

Registration District No. 16
Primary Registration District No. 2417
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William H Loper

If death occurred in hospital, institution or other place, give NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 4 (Day) 1847 (Year)

7. AGE: 65 yrs. 7 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Jasper County, Miss.,

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James T. Loper
(Address) Lapwai

15.
Filed Oct 2 1912 John H Alley Local Registrar
Oct. 10-1912 [illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1912, to Oct 2 1912, that I last saw him alive on Oct 1 1912 and that death occurred on the date stated above, at 4P M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 10 yrs. ..... mos. ..... ds.
Contributory (Secondary) Cerebral Hemorrhage
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Alley M. D.
Oct 2 1912 (Address) Lapwai Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cuddeback — DATE OF BURIAL: ..... 191...

20. UNDERTAKER: W E Stoddard — ADDRESS: Kendrick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statment of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3290
Registered No. 123

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

2. FULL NAME Emma Adell Sullivan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: June 28 1849 (Month) (Day) (Year)

7. AGE: 63 yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Oran Strickland

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Caroline Tarbell

13. BIRTHPLACE OF MOTHER (State or Country): New Hampshire

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George P. Sullivan
(Address) Lewiston, Ida.

15.
Filed 11-10 1912 S J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 30 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1912 to Oct 30 1912 that I last saw h[illegible] alive on Oct 23 1912, and that death occurred on the date stated above, at 11.20 A.M.

The CAUSE OF DEATH* was as follows:
Uraemia Nephritis
(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C W Hunt M. D.
Oct 30 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Nov 1st 1912

20. UNDERTAKER: C J Vasan
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3291

Registered No. 122

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Nez Perce

City of Lewiston

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16

Primary Registration District No. 1009

(No. 745, 10 Thir Ave St.)

2. FULL NAME James M. Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 16 (Day) 1848 (Year)

7. AGE: 64 yrs. 5 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Irish

10. NAME OF FATHER: Edward Smith

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Margaret Mulder

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D E Smith
(Address) Spangle Wn

15.
Filed 11-10 1912 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 25 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1912, to Oct 25 1912 that I last saw him alive on Oct 25 1912, and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Heart disease

(Duration) Three yrs. mos. ds.

Contributory (Secondary) Dropsy and paralysis

(Duration) yrs. Ten mos. ds.

(Signed) W Mahoney M. D.

19 (Address) Juniata Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death?

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Spokane Wash

DATE OF BURIAL: X 1912

20. UNDERTAKER: C J Vassar

ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3292

Registered No. 121

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 646, 6th Ave St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 1009

2. FULL NAME Mrs. Hannah

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Oct (Month) 5 (Day) 12 (Year)

7. AGE: ——yrs. ——mos. 17 ds. IF LESS than 1 day how many ....hrs. or ....min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lewiston

10. NAME OF FATHER: E. E. Eastwood

11. BIRTHPLACE OF FATHER (State or Country): Ind

12. MAIDEN NAME OF MOTHER: L Krontinger

13. BIRTHPLACE OF MOTHER (State or Country): Lewiston

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. W. Krontinger
(Address) Lewiston

15.
Filed 11-10 1912 L J Parkin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1911, to Oct 22 1912 that I last saw h[illegible] alive on Oct 22 1912, and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows: Hemorrhage Cerebral Apoplexy

(Duration) ....yrs. ....mos. 17 ds.

Contributory (Secondary) Cerebral Anaemia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) F. Hamilton M. D.

19.... (Address) ....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida. DATE OF BURIAL: Oct 23 1912

20. UNDERTAKER: C J Vassar ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3293

Registered No. 120

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1609
(No. ....., Hospital St.)

2. FULL NAME Ellsworth Lykes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 6 (Day) 1866 (Year)

7. AGE: 46 yrs. 1 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Abram Lykes

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Eva Bean

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Neil Lykes
(Address) Lewiston

15.
Filed 11-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Ellsworth Lykes 1912
(Month) Oct (Day) 21 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1912, to Oct 21 1912, that I last saw h.im alive on Oct 21 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Typhoid fever
(Duration) ..... yrs. ..... mos. 17 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J V Morris M. D.
19 ..... (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In t[redacted] State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? on Lake river boat
Former or usual residence Waha Idaho

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Oct. 23 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. 120, 16th St.)

File No. 3294
Registered No. 119
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Justin D. Gold

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	Widow

6. DATE OF BIRTH: Sept (Month) 17 (Day) 1835 (Year)

7. AGE: 77 yrs. 1 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Grande Ronde

10. NAME OF FATHER: Frank [illegible]

11. BIRTHPLACE OF FATHER (State or Country): [illegible]

12. MAIDEN NAME OF MOTHER: Sophia [illegible] Kunck

13. BIRTHPLACE OF MOTHER (State or Country): [illegible]

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): [illegible]
(Address): [illegible]

15. Filed 11-10 1912 L. J. Perkins

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from [illegible], to [illegible] 191[illegible], that I last saw him alive on [illegible] 191[illegible], and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:
Disease of Heart Mitral insufficiency
Hrwas found dead in bed

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary): Old Age
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Oct 21st 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Oct 21 1912

20. UNDERTAKER: [illegible] — ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lamiah

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 3296
Registered No. 117

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Herald Maund

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 19 (Day) 1910 (Year)

7. AGE: 2 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lamiah Idaho

10. NAME OF FATHER: John Maund

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Ethel Sabin Mrs. Cake

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Maund
(Address) Lamiah

15. Filed 11-10 1912 L J Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on Oct 19 1912
and that death occurred on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Burned accident
Dr Less.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L J Perkins M. D.
Oct 20 1912 (Address) Lawrita Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lamiah Idaho
DATE OF BURIAL: Oct 21 1912

20. UNDERTAKER: Jones
ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3298
Registered No. 115

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston

Registration District No. 16
Primary Registration District No. 1009
(No. Hotel Defrance St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Allen Moore

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Not known (Month) 1 (Day) (Year)

7. AGE: 65 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not known

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. J. Perkins
(Address) Lewiston

15.
Filed 11-10 1912 L J Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1912, to Oct 3 1912
that I last saw h[illegible] alive on Oct 3 191[illegible]
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) Not known yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) L. J. Perkins M. D.
Oct 4 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston Ida
DATE OF BURIAL: Oct 5 1912

20. UNDERTAKER: C. J. Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3299

Registered No. 114

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 16
Primary Registration District No. 1009
(No. 608, 10 st St.)

2. FULL NAME Dudly Gilman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Sept (Month) 3 (Day) 1867 (Year)

7. AGE: 45 yrs. 1 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ida.

10. NAME OF FATHER: Alonzo Gilman

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Louise Thomas

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): George Lyman Gilman
(Address):

15.
Filed 11-10 1912 C J Parkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10 (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1911, to Sept 4" 1912, that I last saw h[illegible] alive on 3d, Sept 1912, and that death occurred on the date stated above, at 7-45 A. M.

The CAUSE OF DEATH* was as follows:
pericarditis
(Duration) 1 yrs. 10 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. R. Modley M. D.
Sept 4" 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Oct 5 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. , Hospital St.) File No. 3300
If death occurs away from usual residence, give facts called for under special information. Registered No. 112
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Kate E. Helling

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Sept 27 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): Lewiston

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Lee Helling

11. BIRTHPLACE OF FATHER (State or Country): St Louis

12. MAIDEN NAME OF MOTHER: Florence Lampen

13. BIRTHPLACE OF MOTHER (State or Country): Alabama

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lee Helling
(Address) Clarkston Wn

15. Filed 11-10 1912 J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 1 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 1912, to Oct 1 1912, that I last saw her alive on Oct 1 1912, and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Hemorrhage from the bowels
(Duration) One hour yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Paul W Johnson M. D.
Oct 2 1912 (Address) Clarkston Wash

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clarkston Wash
DATE OF BURIAL: Oct 2 1912

20. UNDERTAKER: [illegible] Hansen
ADDRESS: Lewiston.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

1. PLACE OF DEATH.

County of Nez Perce

City of Lewiston

Registration District No. 12

Primary Registration District No. 1007

(No. St. Joseph Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME A. W. Naylor

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Not known (Month) 1 (Day) (Year)

7. AGE: 38 (?) yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Mate on Steamboat

(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Not known

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. J. Perkins

(Address) Lewiston

15.

Filed 11-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1912, to Oct 1st 1912 that I last saw him alive on Oct 1st 1912 and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Bright disease, and pulmonary tuberculosis

(Duration) Not known yrs. mos. ds.

Contributory (Secondary) Heart failure

(Duration) yrs. mos. 3 ds.

(Signed) L. J. Perkins M. D.

Oct 4 1912 (Address) L. J. Perkins

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~: Lewiston DATE OF BURIAL: Oct 6 1912

20. UNDERTAKER: C. J. Vassar ADDRESS: Lewiston Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKE RETURN PROMPTLY. WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. PRESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3302
Registered No. 113

1. PLACE OF DEATH. Registration District No. 16
County of Ada Primary Registration District No. 2074
City of Gifford (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John E. MacKenzie
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Oct. (Month) 2nd (Day) 1858 (Year)

7. AGE: 53 yrs. 11 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: C. MacKenzie

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: no History

13. BIRTHPLACE OF MOTHER (State or Country): no History

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Long W.
(Address) Gifford Ida.

15.
Filed 10-3 1912 E. E. Watts Local Registrar
11-10-1912 L. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 3rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1911, to Oct 3rd 1912 that I last saw him alive on Oct 3rd 1912 and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:
Mitral insufficiency & aortic Regurgitation
(Duration) One yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. E. Douglass M. D.
19 ... (Address) Gifford Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Culdesac Ida
DATE OF BURIAL: 10-4 1912

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Soldier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2023
(No. ....., ... St.)

File No. 3304
Registered No. 61
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Dora Jane [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 22 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Dave Watson

11. BIRTHPLACE OF FATHER (State or Country): Ind

12. MAIDEN NAME OF MOTHER: Ethel Killen

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dave Watson
(Address) Soldier Ida

15. Filed Oct 25 1917 — Robert H Wright, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw her alive on ..... 191...,
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Whooping Cough
(Duration) ..... yrs. ..... mos. 7 ds.
Contributory (Secondary): —
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dewitt P Riggs M. D.
19... (Address) Soldier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Soldier Ida — DATE OF BURIAL: Oct 19 1912

20. UNDERTAKER: Lig Morse — ADDRESS: Soldier Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine. Primary Registration District No. 2022
City of Bradford. (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 3305
Registered No. 57
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Gwendeline Werry.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: Wht.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept. (Month) 6. (Day) 1911 (Year)

7. AGE: 1 yrs. 1 mos. 24 ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Broadford, Ida

10. NAME OF FATHER: Thomas Werry.

11. BIRTHPLACE OF FATHER (State or Country): Nevada.

12. MAIDEN NAME OF MOTHER: Dora Werry.

13. BIRTHPLACE OF MOTHER (State or Country): Nevada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Werry.
(Address) Broadford, Ida

15. Filed ..... 191... ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 30 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 191.., to Sept 30 191.., that I last saw h.. alive on Sept 30 191.., and that death occurred on the date stated above, at 1:35 P.M.

The CAUSE OF DEATH* was as follows: Whooping Cough.

..... (Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) — (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. D. Harris M. D.
Sept 30 191.. (Address) Hailey Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue Idaho. DATE OF BURIAL: Oct 1 191..

20. UNDERTAKER: R. D. Harris. ADDRESS: Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2022
City of Hailey (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 3306
Registered No. 58
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 31 (Day) 1840 (Year)

7. AGE: 72 yrs. 4 mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penna

10. NAME OF FATHER: J. T. Williams

11. BIRTHPLACE OF FATHER (State or Country): Pa.

12. MAIDEN NAME OF MOTHER: Lida Agnes Long

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Williams
(Address) Hillanning Pa

15. Filed Oct 8 1912 R. Burt Hodgdon Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1912, to Oct 4th 1912, that I last saw him alive on Oct 4th 1912, and that death occurred on the date stated above, at 2 11 P.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) R. Burt Hodgdon M. D.
Oct 9 1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF BURIAL~~ OR REMOVAL: Hillanning Penn. DATE OF BURIAL: — 191—

20. UNDERTAKER: R. D. Harris ADDRESS: Hailey Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine — Primary Registration District No. 2023 — File No. 3307
City of Soldier — (No. ____, ____ St.) — Registered No. 62
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Murray

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ____ (Month) ____ (Day) 1 (Year)

7. AGE: about 50 yrs. ____ mos. ____ ds. IF LESS than 1 day how many ____ hrs. or ____ min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Ireland ?

10. NAME OF FATHER: ____

11. BIRTHPLACE OF FATHER (State or Country): ____

12. MAIDEN NAME OF MOTHER: ____

13. BIRTHPLACE OF MOTHER (State or Country): ____

14. THE ABOVE IS TRUE TO THE BEST OF [illegible] KNOWLEDGE
(Informant) [illegible]
(Address) Soldier Ida

15. Filed Oct 30 1912 — [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____ 191__, to ____ 191__
that I last saw h[illegible] alive on ____ 191__,
and that death occurred on the date stated above, at ____ M.
The CAUSE OF DEATH* was as follows:
Acute Alcoholism +
Exposure

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Dewitt P Higgs M. D.
Oct 25 1912 (Address) Soldier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was Disease contracted, if not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL: Soldier, Ida — DATE OF BURIAL: Oct 26 1912

20. UNDERTAKER: Sig Mantel — ADDRESS: Soldier

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Hailey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2022
(No. ....., ... St.)

File No. 3308
Registered No. 519
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas C. Ruthrauff

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married
6. DATE OF BIRTH: ..... (Month) ..... (Day) 1854 (Year)
7. AGE: 58 yrs. ✓ mos. ✓ ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Mining promotor
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: ✓
11. BIRTHPLACE OF FATHER (State or Country): ✓
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (State or Country): ✓
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. E. Picotte
(Address) Hailey Idaho
15. Filed Oct 14 1912 Robert H. Lusby Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 11 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1912, to Oct 11 1912
that I last saw him alive on Oct 10 1912,
and that death occurred on the date stated above, at 7 A. M.
The CAUSE OF DEATH* was as follows: Capillary bronchitis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. J. Raaf M. D.
Oct 14 1912 (Address) Hailey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: See — DATE OF BURIAL: ✓ 191✓
20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted] Idaho

Form V. S. No. 5. 10M. 6-20-11. HEALTH

Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26 File No. 3309

County of Elmore Primary Registration District No. 2021 Registered No. 41

City of Glenn's Ferry (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 0 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION: None
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: Arthur L. Peter

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Mary Clark

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [illegible]

(Address) [illegible]

15.

Filed June 1st 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26th, 1912, to May 31st 1912, that I last saw him alive on May 31st 1912, and that death occurred on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth of baby

..... (Duration) ..... yrs. ..... mos. 0 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

June 1st 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: June 1912

20. UNDERTAKER: Arthur L. Peter ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Mtn Couture (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020

File No. 3310
Registered No. 46
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Coleman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Unknown

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1835 (Year)

7. AGE: 77 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas White Neg W.L.F
(Address) Mt Home

15. Filed Oct 6 1912 W.L. Fragier Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1912, to Oct 5 1912, that I last saw him alive on Oct 4 1912, and that death occurred on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows: Valvular heart lesion

..... (Duration) 6 yrs. ..... mos. ..... ds.
Contributory (Secondary): Pulmonary Edema
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W.L. Fragier M. D.
Oct 5 1912 (Address) Mt Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mountain Home | DATE OF BURIAL: Oct 6 1912

20. UNDERTAKER: J.M. Cowan | ADDRESS: Mountain Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore,
City of Pine, Ida.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2020
(No. ....., ... St.)

File No. 3311
Registered No. 39
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Jefferson Melton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: November 27th (Month) (Day) 1837 (Year)

7. AGE: 75 yrs. 10 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hillsville Va.

10. NAME OF FATHER: John Melton

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Sallie Edwards

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Minnie E. Johnson
(Address) Pine Idaho

15. Filed Oct 14 1912 W. L. Frazier
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 12, (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1912, to Oct. 12 1912 that I last saw him alive on Oct 12 1912, and that death occurred on the date stated above, at 10:25 A.M.

The CAUSE OF DEATH* was as follows:
General Collapse, due to old age and partial Paralysis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. B. Moore, Attendant M. D.
Oct 13, 1912 (Address) Rocky Bar, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pine Cemetary
DATE OF BURIAL: Oct. 14, 1912

20. UNDERTAKER acting J. B. Penrod
ADDRESS: Pine, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Elmore
City of Rocky Bar
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 20
Primary Registration District No. 2026
(No. ....., ... St.)

File No. 3312
Registered No. 38
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Gray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	married

6. DATE OF BIRTH ~~October 19 76~~ 1874
(Month) (Day) (Year)

7. AGE 38 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mail Carrier
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Michigan

10. NAME OF FATHER Joseph Gray

11. BIRTHPLACE OF FATHER (State or Country) Dunbeck Canada

12. MAIDEN NAME OF MOTHER Amelia Stronach

13. BIRTHPLACE OF MOTHER (State or Country) Montreal, Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. H. Eaton
(Address) Mtn. Home Ida.

15.
Filed ..... 191...
W. L. Frazier
By T. Arkwright Deputy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 19th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21st 1912, to ..... 191...
that I last saw him alive on ..... 191...,
and that death occurred on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:
Gun shot wound

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. H. H. Eaton, Coroner M. D.
10722 1912 (Address) Mtn. Home, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Boise Idaho DATE OF BURIAL ..... 191...

20. UNDERTAKER J. M. Lowe ADDRESS Mtn Home

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

YMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Elmore Primary Registration District No. 202 v
City of Mountain Home (No. ..... St.)
File No. 3313
Registered No. 37
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Andrew Klingness

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 20th 1871 (Month) (Day) (Year)

7. AGE: 71 yrs. 5 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Ole Klingness

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Do not Know Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Alma Klingness
(Address) Mountain Home

15.
Filed ..... 191 ....
Dr. W L Frazier Local Registrar
By JMS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 28 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1917, to Oct 28 1917 that I last saw him alive on Oct 28 1917, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:
Rupture of Intestine
Peritonitis

..... (Duration) ..... yrs. ..... mos. 0 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. S Hawley M. D.
Oct 30 1917 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 0 ds. In the State Kelsey Hotel ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountainhome — DATE OF BURIAL: Oct 30 1917

20. UNDERTAKER: J M Cowan — ADDRESS: Mountainhome

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 20
County of Elmore Primary Registration District No. 2020
City of Mountain Home (No. ....., ... St.)
File No. 3314
Registered No. 36
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Bert Foster
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
— (Month) — (Day) 1 (Year)

7. AGE: 45 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stage Driver
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: dont Know

11. BIRTHPLACE OF FATHER (State or Country): dont Know

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walt Morrison
(Address) Mountain Home

15.
Filed Oct 28 1912 W L Finger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1912, to Oct 27 1912, that I last saw h— alive on Oct 27 1912, and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Finger M. D.
Oct 28 1912 (Address) Mt Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountain Home
DATE OF BURIAL: Oct 28 1912

20. UNDERTAKER: J W Devore
ADDRESS: Mountain Home

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 3315
Registered No. 101
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	

6. DATE OF BIRTH Oct 30 1917
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Caldwell

10. NAME OF FATHER Ed Bullock

11. BIRTHPLACE OF FATHER (State or Country) Mo

12. MAIDEN NAME OF MOTHER Victoria Von Wasmer

13. BIRTHPLACE OF MOTHER (State or Country) Nebr

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Bullock
(Address) Caldwell

15. Filed Nov 6 1917 John S Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 11 5 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/29 1917, to 11/5 1917, that I last saw her alive on 11/5 1917, and that death occurred on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:
Immediate (Immediate Morbid Boby —
..... (Duration) ..... yrs. ..... mos. 6 ds.
Contributory (Secondary) none
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. S. Johnson M. D.
11/6/ 1917 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery
DATE OF BURIAL: 11/6 1917

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3316

Registered No. 102

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Canyon
City of Caldwell.
(No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005

2. FULL NAME Temple Garner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH
Oct (Month) 2 (Day) 1861 (Year)

7. AGE
51 yrs. 1 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work ..... Labor
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mound City Kans.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs L. J. Rennels
(Address) Boise Idaho

15.
Filed Nov 6 1912 John A Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
11 (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/2 1912, to 11/2 1912
that I last saw h[illegible] alive on 11/2 1912,
and that death occurred on the date stated above, at 8.35a M.

The CAUSE OF DEATH* was as follows:
Acute Kidney Lesion
(Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Asthenia due to breaking down Robert
(Duration) ..... yrs. ..... mos. 26 ds.
(Signed) Mary H Garner M. D.
11/5/1912 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery — DATE OF BURIAL: 11-3-1912

20. UNDERTAKER: W C Dyer — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3317

Registered No. 103

1. PLACE OF DEATH.
County of Canyon
City of ____ (No. ____, ____ St.)

Registration District No. 3
Primary Registration District No. 2007

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amos Wm Tull

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH: Oct (Month) 16 (Day) 1831 (Year)

7. AGE: 81 yrs. ____ mos. 27 ds.
IF LESS than 1 day how many ..... *hrs.or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancheman
(b) General nature of industry business or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Do not Know

11. BIRTHPLACE OF FATHER (State or Country): Do not not Know

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country): Do not Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M H Mars
(Address) ____

15. Filed 11/6 1912 R Klemen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11/6 1912, to 11/6 1912 that I last saw h[illegible] alive on 11/6 1912, and that death occurred on the date stated above, at 11 A M.

The CAUSE OF DEATH* was as follows:
Senile Pneumonia

(Duration) — yrs. — mos. 1 ds.

Contributory (Secondary) ____ (Duration) — yrs. — mos. — ds.

(Signed) R Klemen M. D.
11/7 1912 (Address) Parma

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Linder Cemetary — DATE OF BURIAL: 11/8 1912

20. UNDERTAKER: Hall Packard & Co — ADDRESS: Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3319
Registered No. 105

1. PLACE OF DEATH.
County of Canyon
City of Caldwell

Registration District No. 3
Primary Registration District No. 2005
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Burns

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: March (Month) 14th (Day) 1846 (Year)

7. AGE: 66 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. Gas pipe maker.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland - Roscommon, County -

10. NAME OF FATHER: Dont know

11. BIRTHPLACE OF FATHER (State or Country): Dont know

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (State or Country): Dont know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Matthew Golden.
(Address) Caldwell. Idaho.

15.
Filed Nov. 13th 1912
John S. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 26th 1912, to Nov. 12th 1912 that I last saw him alive on Nov. 12th 1912 and that death occurred on the date stated above, at 1140 a. M.

The CAUSE OF DEATH* was as follows:
Paralysis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Paralysis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John S. Meyer M. D.
11/12/1912 (Address) Caldwell. Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: Nov 14 1912

20. UNDERTAKER: Platt Peckham
ADDRESS: Caldwell, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3321
Registered No. 107

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 703
Primary Registration District No. 1006
(No. ....., ... St.)

2. FULL NAME Harvey Rosco Norton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 9 (Day) 1898 (Year)

7. AGE: 14 yrs. 4 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mig.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Boy (none)
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: E C. Norton

11. BIRTHPLACE OF FATHER (State or Country): Texas

12. MAIDEN NAME OF MOTHER: Susan R Williams

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs E C Norton
(Address): Nampa Ida

15. Filed Nov 16 1912 Dr. O B Belles
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11 (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1910, to Nov 15 1912 that I last saw him alive on Nov 15 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
1 Pulmonary Tuberculosis.

(Duration) ..... yrs. 10 mos. ..... ds.
Contributory (Secondary): Heredity & Pneumonia
(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) O B Belles M. D.
Nov 15 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa
DATE OF BURIAL: 11/17 1912

20. UNDERTAKER: H. Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3322
Registered No. 108

1. PLACE OF DEATH.
County of Canyon
City of Nampa
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2006
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Raymond Moore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan (Month) 16 (Day) 1899 (Year)

7. AGE: 13 yrs. 10 mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: -
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: H.C. Moore

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Lola Kesner

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.C. Moore
(Address) Nampa Ida - RFD

15.
Filed Nov 21 - 1912 O.B. Bellew M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1911, to Nov 20 1912 that I last saw h[im] alive on Aug 5 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration) 3 yrs. - mos. - ds.
Contributory (Secondary): Scarlet fever
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O.B. Bellew M. D.
Nov 1 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rohrlaun Cem
DATE OF BURIAL: 11/21 1912

20. UNDERTAKER: Fred Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration District No. 3 — Bureau of Vital Statistics

County of Canyon — Primary Registration District No. 2005 — File No. 3323

City of Wilder — (No. ....., ... St.) — Registered No. 109

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Francis Seaton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 65 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Joseph A. Bridwell

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Prudence A. Shadden

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) W. E. Platt
(Address) Caldwell

15.
Filed Nov. 23 1912 — John D. Meyer, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) — 16 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1912, to Nov 16 1912, that I last saw her alive on Nov 15 1912, and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Mullen M. D.
Nov 23 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Springfield Mo — DATE OF BURIAL ..... 191...

20. UNDERTAKER: Platt Rickon — ADDRESS Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005
(No. ....., ... St.)

File No. 3324
Registered No. 110
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Stoddard Judd

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: May (Month) 30 (Day) 1908 (Year)

7. AGE: 4 yrs. 5 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Canyon Co. Idaho.

10. NAME OF FATHER: Stoddard Judd

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Edna E. Stephenson

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stoddard Judd
(Address) Caldwell Idaho

15.
Filed 11/26 1912 John S. Meyer M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6 1912, to Nov 1 1912 that I last saw him alive on Nov 1 1912, and that death occurred on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:
Leukemia
.....
.....
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) Pneumonia
(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) C M Kelley M. D.
Nov. 6 1912 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs. ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Caldwell Cemetery
DATE OF BURIAL: 11/5 1912

20. UNDERTAKER: W. G. Dyer
ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 3
Primary Registration District No. 1005
File No. 3325
Registered No. 112

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
(No. ~~Canyon Hospital~~ St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elisha Bishop Jessee
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: July (Month) Lizard (Day) 1838 (Year)

7. AGE: 74 yrs. 5 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Common Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Tennessee

10. NAME OF FATHER: Oliver Jessee

11. BIRTHPLACE OF FATHER (State or Country): Dont Know!

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Jessee
(Address) Parma Ida.

15.
Filed Nov. 27th 1912 Jas. L. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1912, to Nov 25 1912, that I last saw him alive on Nov 24 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Cystitis

(Duration) 74 yrs. 5 mos. 23 ds.

Contributory (Secondary)
(Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.
Nov. 25 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: Nov 26 1912

20. UNDERTAKER: W. E. Dyer
ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 1005 File No. 3326
City of Caldwell (No. ....., ... St.) Registered No. 113
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Eliza J. Tucker
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: August 21st 1851 (Month) (Day) (Year)

7. AGE: 61 yrs. 3 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Mr. Andrews

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John A. Tucker
(Address) Caldwell, Idaho.

15. Filed Nov. 27. 1912 John S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1912 to Nov. 27 1912 that I last saw her alive on Nov. 26 1912, and that death occurred on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. M. Talbot M. D.
Nov. 27 1912 (Address) Caldwell Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lower Boise
DATE OF BURIAL: Nov 28 1912

20. UNDERTAKER: W. C. Dyer
ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1003
County of Bois Primary Registration District No. 1006
City of Warrby (No. ..... St.)
File No. 3327
Registered No. 114
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME John A. Rose
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Don't know mo or dy 1864 (Month) (Day) (Year)

7. AGE: 48 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Fireman Bridge
(b) General nature of industry business, or establishment in which employed (or employer): Crew

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Jno A Rose

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A L McRoberts
(Address) Weiser Ida

15. Filed 11-30-1912 O. B. Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11 (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Accident 1912, to the Doctor 191..
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
His Mans death was Caused by falling under the Wheels of a Moving Engine & Cars.
Coroners Inquest
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A A Lang Comm. M. D.
19..... (Address) Canyon County

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida
DATE OF BURIAL: Removed 11/30 1912

20. UNDERTAKER: F. P. Robinson
ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3328

Registered No. 115

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Canyon

City of Nampa

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3

Primary Registration District No. 1006

(No. ....., ... St.)

2. FULL NAME Mary Elizabeth Wells

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: July (Month) 5 (Day) 1854 (Year)

7. AGE: 58 yrs. 4 mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Dan Knous,

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank King
(Address) Nampa Ida

15.
Filed 12-2-1912 O B Beller M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to Nov 30 1912, that I last saw her alive on Nov 30 1912, and that death occurred on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:
Valvular heart disease

(Duration) 1 yrs. — mos. — ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O A Rose M. D.

Dec 2 1912 (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kohlerlawn Nampa

DATE OF BURIAL: Dec 2 1912

20. UNDERTAKER: S B Shellabarger

ADDRESS: Nampa Ida

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3329
Registered No. 116

1. PLACE OF DEATH. Registration District No. 3
County of ~~Boundary~~ Boise Primary Registration District No. 1006
City of Montour (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Clyde Kerns.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 11 (Month) 24 (Day) 1888 (Year)

7. AGE: 24 yrs. ..... mos. 4 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Book Keeper
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cleveland Ohio.

10. NAME OF FATHER: Grant Kerns

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Robt St Clair
(Address): Mayfield Ky

15. Filed Dec 4 1912 O B Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 11 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Payette, River
Accident by drowning
no inquest,
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O B Beller M. D.
..... 19..... (Address) Nampa Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Bowmont Springs Kan. DATE OF BURIAL 1912

20. UNDERTAKER: J. K. Robinson ADDRESS Nampa Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 3330
Registered No. 117
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ann Gilbert

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct 14 1840 ?
(Month) (Day) (Year)

7. AGE: 72 yrs. 1 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Mans Wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bath Co.

10. NAME OF FATHER: Samuel Hargrave

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. G. Gilbert
(Address) Caldwell

15. Filed Dec 5 1912 John A Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1908, to Nov 22 1912, that I last saw h.. alive on Nov 21 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Cerebral Softening
Heart Complication

(Duration) 4 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. D. Miller M. D.
Nov 27 1912 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lower Boise
DATE OF BURIAL: 11-24 1912

20. UNDERTAKER: W. C. Dyer
ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2005
City of Middleton (No. ....., ... St.)
File No. 3331
Registered No. 118

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Catharine Emilie Maria Paulsen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 10 (Day) 1880 (Year)

7. AGE: 32 yrs. 9 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Cape Girardeau, Mo.

10. NAME OF FATHER: Edward Hanf

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Maria Puntmann

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Isenberg
(Address) Middleton

15. Filed Dec 5 1912 John S Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Nov 28 1912
that I last saw her alive on Nov 28 1912,
and that death occurred on the date stated above, at 7 00 P M.

The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration) 2 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) — yrs. ..... mos. ..... ds.

(Signed) J W Hamer M. D.
11-30 1912 (Address) Middleton Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Middleton — DATE OF BURIAL: Dec 2 1912

20. UNDERTAKER: W E. Dyer — ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Volus
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005

File No. 3332
Registered No. 119
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME H. H. McManus.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married ~~wife~~

6. DATE OF BIRTH: April 25th 1855 (Month) (Day) (Year)

7. AGE: 57 yrs. 7 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Blacksmith
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penna

10. NAME OF FATHER: Hugh McManus.

11. BIRTHPLACE OF FATHER (State or Country): Not known.

12. MAIDEN NAME OF MOTHER: " " "

13. BIRTHPLACE OF MOTHER (State or Country): " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. A. H. Galindo
(Address): Volus. Idaho.

15. Filed Dec 16 1912 John A Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 3" 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3" 1912, to ——— 191..
that I last saw him alive on Dec. 3" 1912,
and that death occurred on the date stated above, at 10. P. M.

The CAUSE OF DEATH* was as follows:
Neuralgia of Heart,

(Duration) Liver, yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. M. Henry M. D.
19.. (Address) Notus Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Payette
DATE OF BURIAL: 12/6 191..

20. UNDERTAKER: W. A. Dyer
ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2039
File No. 3336
Registered No. 118

1. PLACE OF DEATH.
County of Shoshone
City of Kellogg
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lewis Verba Hamilton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Baby.
6. DATE OF BIRTH: Sept 29 (Month) (Day) 1911 (Year)
7. AGE: 1 yrs. ..... mos. 5 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Baby.
9. BIRTHPLACE (State or Country) Idaho.
10. NAME OF FATHER Moroni Hamilton
11. BIRTHPLACE OF FATHER (State or Country) Utah.
12. MAIDEN NAME OF MOTHER Lilly Rapone
13. BIRTHPLACE OF MOTHER (State or Country) Idaho.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moroni Hamilton
(Address) Kellogg Idaho.
15. Filed Nov. 10 1911 Ray H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 6 (Month) (Day) 1911 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1911, to Oct 6th 1911, that I last saw h..... alive on Oct 4 1911, and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Spinal Meningitis
Infantile Paralysis
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) .....
(Dufation) ..... yrs. ..... mos. ..... ds.
(Signed) J. R. Shute M. D.
Oct. 7 1911 (Address) Sugar City Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg — DATE OF BURIAL: Oct 8 1911
20. UNDERTAKER: J. R. Young — ADDRESS: Rexburg

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 9

Primary Registration District No. 2040

File No. 3337

County of Bannock

City of Roberts. (No. ....., ... St.)

Registered No. 122

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jesse T. Thornburg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M	W	Married

6. DATE OF BIRTH Sept. 21, 1858
(Month) (Day) (Year)

7. AGE 54 yrs. 1 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Farmer.

9. BIRTHPLACE (State or Country) Ill.

10. NAME OF FATHER George T. Thornburg

11. BIRTHPLACE OF FATHER (State or Country) Indiana

12. MAIDEN NAME OF MOTHER Emily Hanlin

13. BIRTHPLACE OF MOTHER (State or Country) Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse Thornburg.
(Address) Roberts - Idaho

15. Filed Nov 10 191X Ray H. Fisher
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct 29 191X
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 191X, to Oct 28 191X, that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at 10a M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
and " Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) J. S. Fuller M. D.

Oct 29 191X (Address) Idaho Falls.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Roberts. DATE OF BURIAL Oct 30 191X

20. UNDERTAKER G. H. Hunt ADDRESS Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3338
Registered No. 112

1. PLACE OF DEATH.
County of Bonneville
City of Rigby
(No. ....., ... St.)
Registration District No. 9
Primary Registration District No. 2040
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Melba Taylor.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Child

6. DATE OF BIRTH: Nov. 28 (Month) (Day) 1907 (Year)
7. AGE: 4 yrs. 11 mos. — ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*
8. OCCUPATION
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: E. J. Taylor.
11. BIRTHPLACE OF FATHER (State or Country): Idaho, Utah.
12. MAIDEN NAME OF MOTHER: Norma Ford.
13. BIRTHPLACE OF MOTHER (State or Country): Ogden
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Taylor.
(Address) Rigby.
15. Filed Nov 10 1912 Ray B. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 28 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1912, to Oct 28 1912 that I last saw h[illegible] alive on Oct 27 1912 and that death occurred on the date stated above, at 12:30 M.
The CAUSE OF DEATH* was as follows:
Diphtheria.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Myocarditis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A. M. Pagnus M. D.
Oct 28 1912 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby
DATE OF BURIAL: Oct 29 1912
20. UNDERTAKER: M. J. Peck & Son
ADDRESS: Rigby.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2039
File No. 3339
Registered No. 116

1. PLACE OF DEATH.
County of Fremont
City of Rexburg. (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isaac Thorn

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M	W	Married

6. DATE OF BIRTH: Jan 30 (Month) (Day) 1840 (Year)

7. AGE: 77 yrs. 9 mos. 29 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): America

10. NAME OF FATHER: Asher Thorn.

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Sarah Rules.

13. BIRTHPLACE OF MOTHER (State or Country): America

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daniel D. Thorn
(Address) Rexburg

15. Filed Nov 10 1917 Ray Rusler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 29 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1917, to Oct 29 1917, that I last saw him alive on Oct 29 1917 and that death occurred on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) G. G. Gates M. D.

Nov 7 1917 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: American Falls. DATE OF BURIAL: Dec 3 1917

20. UNDERTAKER: John Phillips ADDRESS: Rexburg Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Ashton
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

File No. 3340
Registered No. 117
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Martin W. White

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	Single

6. DATE OF BIRTH: Jan 4 (Month) (Day) 1897 (Year)

7. AGE: 15 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: /
(b) General nature of industry business, or dstablishment in which employed (or employer): (

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: E. C. White

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Augusta Larsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Augusta Larsen.
(Address) Ashton.

15. Filed Oct 28 1917 Ray White Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 27 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917, to Oct 26 1917, that I last saw h[illegible] alive on Oct 26 1917 and that death occurred on the date stated above, at 2:00 M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) Not Known yrs. ..... mos. ..... ds.

Contributory (Secondary) Acute Articular Rheumatism

(Duration) Not Known yrs. ..... mos. ..... ds.

(Signed) W. A. Ingamon M. D.
Oct 28 1917 (Address) Ashton - Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ashton. DATE OF BURIAL: Oct 28 1917

20. UNDERTAKER: John Phillips ADDRESS: Ashton Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9

Primary Registration District No. 2039

File No. 3341

Registered No. 120

1. PLACE OF DEATH.
County of Fremont
City of Hibbard
If death occurs away from usual residence, give facts called for under special information.

(No. ..... St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Theo. L. Riggs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W.	Babe

6. DATE OF BIRTH June 7 1912
(Month) (Day) (Year)

7. AGE ..... yrs. 4 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Babe.
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER J. N. Riggs.

11. BIRTHPLACE OF FATHER (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Jannette Hendy

13. BIRTHPLACE OF MOTHER (State or Country) Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. N. Riggs.
(Address) Hibbard.

15. Filed Oct 24 1912 Ray Tuska M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct 23 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at about 3 P. M.
The CAUSE OF DEATH* was as follows:

Found dead in bed,

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Cause not Known

..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R. A. Cranmer M. D.
Oct 23 1912 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Felon — DATE OF BURIAL Oct 25 1912

20. UNDERTAKER J. R. Young ADDRESS Rexburg Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Lyman
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

File No. 3342
Registered No. 171
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alta E. Peterson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July 23 1912 (Month) (Day) (Year)

7. AGE: 23 yrs. 3 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Soren Peterson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Emma a Mortensen

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Soren Peterson
(Address) Lyman Idaho.

15. Filed Oct 28 1912 Ray H Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14 1912, to Oct 26 1912, that I last saw h[im] alive on Oct 26 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Bacteriaemia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Geo. E. Ryburg M. D.

Oct 27 1912 (Address) Ryburg Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Archer — DATE OF BURIAL: Oct 30 1912

20. UNDERTAKER: J R Young — ADDRESS: Ryburg

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2039
File No. 3343
Registered No. 115

1. PLACE OF DEATH.
County of Fremont
City of
(No. St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Douglas
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Don't know. 1
(Month) (Day) (Year)

7. AGE: 60 about.
yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): No informant
(Address): Died suddenly after ~~Dance~~ debauch.

15. Filed Nov 10 1917
Paul Fike M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 24 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h... alive on ..... 191...,
and that death occurred on ~~the date~~ stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G Gregson M. D.
Oct 25 1917 (Address) Rexburg Idaho.

*State the ~~DISEASE~~ CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg. DATE OF BURIAL: Oct. 25 1917

20. UNDERTAKER: John Phillips. ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3344

Registered No. 114

1. PLACE OF DEATH.

County of Fremont

City of Teton

Registration District No. 9

Primary Registration District No. 209

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Morgan Borclay McKinley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Married

6. DATE OF BIRTH: Dec. (Month) 15 (Day) 1857 (Year)

7. AGE: 54 yrs. 9 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland.

10. NAME OF FATHER: Wm. Borclay

11. BIRTHPLACE OF FATHER (State or Country): Scotland.

12. MAIDEN NAME OF MOTHER: Janet Fullerton

13. BIRTHPLACE OF MOTHER (State or Country): Scotland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. McKinley
(Address) Teton City

15. Filed Nov 10 1917 Ray Finch M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 14 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29 1917, to Oct 17 1917, that I last saw h[er] alive on Oct 10 1917, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Hyde M. D.

Oct 15 1917 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Teton City — DATE OF BURIAL: Oct 16 1917

20. UNDERTAKER: John Phillips. — ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 1976O

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3345
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 75
Primary Registration District No. 2108
(No. 115, Bowdry Gulch St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Laura Andreson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Oct (Month) 1 (Day) 1907 (Year)
7. AGE: 4 [redacted] IF LESS than 1 day how many.....hrs. or
(b) General nature of industry business or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: C. William Andreson
11. BIRTHPLACE OF FATHER (State or Country): Sweden
12. MAIDEN NAME OF MOTHER: Hannah Hagna
13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. Dean
(Address) Mullan
15.
Filed Nov 10 1912 — H. Chas. G. Dettman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 5 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1912, to Aug 5 1912
that I last saw her alive on Aug 5 1912
and that death occurred on the date stated above, at 3 p M.
The CAUSE OF DEATH* was as follows:
Shock from burns covering entire body
(Duration) 3 hrs. yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. R. Dean M. D.
8/5 1912 (Address) Mullan Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mullan Ida. DATE OF BURIAL: Aug 7 1912
20. UNDERTAKER: A. P. Ward. ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms. CIANS should state ment of OCCUPATION is very important. See instruc

WRITE PLAINLY, WITH UNFADING INK

IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSI- it may be properly classified. Exact state- back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3346
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan
Registration District No. 75
Primary Registration District No. 2108
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harry H Cleary

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Divorced

6. DATE OF BIRTH: Feby (Month) ✓ (Day) 1866 (Year)

7. AGE: 46 yrs. 7 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Bartender
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Michael Cleary

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James A Cleary
(Address) 354 E Broadway

15. Filed Sept 8 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: September (Month) 6 (Day) 191✓ (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 191✓, to Sept 6 191✓
that I last saw h. alive on Sept 6 191✓
and that death occurred on the date stated above, at 3:45 P.M.
The CAUSE OF DEATH* was as follows:

Hemorrhage from Stomach

(Duration) — yrs. — mos. 2 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James R Beam M. D.
Sept 6 191✓ (Address) Mullan Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New Mullan Cemetery
DATE OF BURIAL: Sept 8 191✓

20. UNDERTAKER: H P Ward
ADDRESS: Wallace Ida

Dr. Chas. A. Dettman

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3347
Registered No.

1. PLACE OF DEATH
County of Bear Lake
City of St Charles
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2090

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Hans P. Osterlein

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	married

6. DATE OF BIRTH: July (Month) 23rd (Day) 1875 (Year)

7. AGE: 37 yrs. two mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farming and Saw
(b) General nature of industry business or establishment in which employed (or employer): Milling

9. BIRTHPLACE (State or Country): St. Charles, Ida.

10. NAME OF FATHER: Hans P. Osterlein

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J W Hayward
(Address) Paris Idaho

15.
Filed Nov. 11 1912 J W Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1912, to Oct 22 1912 that I last saw him alive on Oct 22 1912 and that death occurred on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Diffuse peritonitis

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Acute Appendecitis
..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J W Hayward M. D.
Oct 23 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Logan, Utah
DATE OF BURIAL: Oct. 24 1912

20. UNDERTAKER: Will J. Walker
ADDRESS: Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3348
Registered No.

1. PLACE OF DEATH
Registration District No. 24
County of Bear Lake
Primary Registration District No. 2090
City of Fish Haven (No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louis W. Richardson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: March (Month) 12th (Day) 1891 (Year)
7. AGE: 21 yrs. 7 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Great Falls Montana
10. NAME OF FATHER: Edward Richardson
11. BIRTHPLACE OF FATHER (State or Country): Ogden Utah
12. MAIDEN NAME OF MOTHER: Bertha Easton
13. BIRTHPLACE OF MOTHER (State or Country): Iceland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlotte Andrus
(Address) Fish Haven Ida
15. Filed Nov. 11 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1912, to Oct 3 1912 that I last saw him alive on Oct 2 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Typhoid fever with hemorrhage

(Duration) ... yrs. ... mos. 20 ds.

Contributory (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. W. Hayward M. D.

Nov 9 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fish Haven Ida. DATE OF BURIAL: Oct 6 1912

20. UNDERTAKER: J. N. E. Slock ADDRESS: Fish Haven

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3349
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Wallace Ida.

Registration District No. 25
Primary Registration District No. 2108
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Francis D Shunk.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: June (Month) 29 (Day) 1860 (Year) 12

7. AGE: 52 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Telegraph Operator
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Francis Shunk

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: C. Logan

13. BIRTHPLACE OF MOTHER (State or Country): Ill ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maude Shunk
(Address) Wallace

15. Filed Oct 1 1912 — F W Rolfs, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1912, to Oct 1 1912 that I last saw him alive on Sep 30 1912 and that death occurred on the date stated above, at 3 a.m. ?

The CAUSE OF DEATH* was as follows:

Suicide

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F W Rolfs M. D.

Oct 1 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Removal. Wallace Ida. DATE OF BURIAL: Oct 3 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Dr. Chas. A. Wetherman

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

Sta
BOARD
Bureau o

1. PLACE OF DEATH.
Registration District No. 5
Primary Registration District No. 2814
File No.
County of Lincoln
City of Hagerman (No. ..... St.)
Registered
If death occurs away from usual residence, give facts called for under special information.
If death occ
stitution
instead of
2. FULL NAME Miles Cadwell Lawrence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 10 (Day) 1849 (Year)

7. AGE: 71 yrs. 3 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer): Farming

9. BIRTHPLACE (State or Country): St Lawrence Co N.Y.

10. NAME OF FATHER: James Lawrence

11. BIRTHPLACE OF FATHER (State or Country): N.Y.?

12. MAIDEN NAME OF MOTHER: Clarissa Spaulding

13. BIRTHPLACE OF MOTHER (State or Country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank C. Lawrence
(Address) Hagerman Idaho

15.
Filed July 5 1912 E. F. Fuller Local Registrar

MEDICAL CERTIFICATE OF DE

16. DATE OF DEATH: July (Month) 13 (Day)

17. I HEREBY CERTIFY, That I attende
July 3. 1912, to July
that I last saw h... alive on July
and that death occurred on the date stated above,
The CAUSE OF DEATH* was as follows:
Progressive Muscular

(Duration) 5 yrs. n
Contributory (Secondary) Pulmonary Tuber
(Duration) — yrs. —
(Signed) A.V. Parkhurst
7/13 1912 (Address) Hagerman

*State the DISEASE CAUSING DEATH; or in deaths from VIOLE MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOM

18. LENGTH OF RESIDENCE (For Hospitals Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ....
Where was Disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetary. DATE 7/

20. UNDERTAKER: A.E. [redacted] ADDR Hand

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3351

Registered No. 47

1. PLACE OF DEATH.
County of Lincoln
City of Jerome
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 7017
(No. ..... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Isaac E. Callen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September (Month) 29 (Day) 1875 (Year)

7. AGE: 37 yrs. no mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farming
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ark. Carroll Co.

10. NAME OF FATHER: A. G. Callen

11. BIRTHPLACE OF FATHER (State or Country): Tenn.

12. MAIDEN NAME OF MOTHER: Sarah Ayers

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. A. Callen
(Address) Jerome Ida

15.
Filed Oct. 25 1912 E. D. Piper
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Accidental Electrocution

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. D. Piper M. D.
Oct 25 1912 (Address) Jerome Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Green Forest Ark. DATE OF BURIAL ..... 191...

20. UNDERTAKER: A. E. Thompson ADDRESS: Gooding Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3352

1. PLACE OF DEATH.
County of Lincoln
City of Shoshone
(No. ....., ... St.)

Registration District No. 5
Primary Registration District No. 2016

Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jesus Mendolia

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	

6. DATE OF BIRTH
Oct-9 (Month) 1912 (Day) 1 (Year)

7. AGE 3 days
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Shoshone

10. NAME OF FATHER Pedro Mendolia

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Matilda Mendolia

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Prudencio L. Mendiola
(Address) Shoshone, Ida.

15.
Filed Oct. 10 1912 C. P. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 9 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1912, to Oct 9, 1912, that I last saw h— alive on Oct 9, 1912, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Premature Infant

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. O. Lee M. D.
Oct. 9 1912 (Address) Shoshone,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Shoshone — DATE OF BURIAL Oct-10 1912

20. UNDERTAKER O. J. Brennan — ADDRESS Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3356
Registered No. 82

1. PLACE OF DEATH
Registration District No. 13
County of Bingham
Primary Registration District No. 2053
City of Blackfoot Rural (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Roland Manrol Bagley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 9 (Day) 1912 (Year)

7. AGE: ..... yrs. 2 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Bingham county

10. NAME OF FATHER: Joseph Bagley

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Rose Emma Bagley

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Bagley
(Address) .....

15. Filed Nov 2 1912 M E Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 2d. (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1912, to Nov 2d 1912 that I last saw h[illegible] alive on Nov 1st 1912 and that death occurred on the date stated above, at 10½ A.M.

The CAUSE OF DEATH* was as follows:

Acute Entero Colitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Acute Indigestion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Simmons M. D.

Nov 2d 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [illegible] Blackfoot
DATE OF BURIAL: Nov 3 1912

20. UNDERTAKER: J. E. Bagley
ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3357
Registered No. 83

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot Ward (East) (No. No St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME George Gagnon
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: (Month) 9 (Day) 10 1910 (Year)
7. AGE: 1 yrs. 6 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Moise Gagnon
11. BIRTHPLACE OF FATHER (State or Country): Mass.
12. MAIDEN NAME OF MOTHER: Malvina Pellon
13. BIRTHPLACE OF MOTHER (State or Country): Canada
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moise Gagnon
(Address) Blackfoot Idaho
15. Filed Nov 5 1917 M E Patric Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 5 (Day) 1917 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1917, to 1917
that I last saw h alive on 191
and that death occurred on the date stated above, at 1:30 P.M.
The CAUSE OF DEATH* was as follows:
Diphtheria
(No doctor in attendance)
(Duration) yrs. mos. 2 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) M E Patric M. D.
Nov 5 1917 (Address) Blackfoot

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Blackfoot City Cem. DATE OF BURIAL: Nov 6 1917
20. UNDERTAKER: Morse Gagnon ADDRESS: Blackfoot

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEA[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3358
Registered No. 84

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. [redacted]3
(No. Idaho Insane A[redacted] St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Victoria Evans

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Ethiopian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)

7. AGE: 55 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer): Housework

9. BIRTHPLACE (State or Country): Georgia

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis N Poole
(Address) Blackfoot. Idaho

15. Filed Nov 6 1912 — W. E. Pattie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4 1912, to Nov. 5 1912
that I last saw her alive on Nov. 5 1912
and that death occurred on the date stated above, at 2 9. M.
The CAUSE OF DEATH* was as follows:
Paralytic Dementia

..... (Duration) ? yrs. ..... mos. ..... ds.
Contributory ?
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Francis N Poole M. D.
Nov. 7 1912 (Address) Blackfoot. Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 5 mos. 1 ds.
In the State ? ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence: Utah & Colorado

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asylum
DATE OF BURIAL: Nov. 7 1912

20. UNDERTAKER: F. N. Poole. M.D.
ADDRESS: Blackfoot. Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3359
Registered No. 85

1. PLACE OF DEATH. Registration District No. 13
County of Bingham Primary Registration District No. 2053
City of Blackfoot (or Town of), St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Landrum Taylor.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH about 10 of Jan 1843
(Month) (Day) (Year)

7. AGE 69 yrs. 8 mos. ds. IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) North Carolina

10. NAME OF FATHER — Not Known

11. BIRTHPLACE OF FATHER (State or Country) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (State or Country) Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Taylor
(Address) Blackfoot

15. Filed Nov 16 1912 — W. E. Pattis, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov 15 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1912, to Oct 30 1912
that I last saw him alive on Oct 30 1912
and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
old age and Arterial sclerosis, Heart

(Duration) yrs. 3 mos. — ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) John B Cooper M. D.
Nov 15 1912 (Address) Blackfoot Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Groo City Cem. Blackfoot — DATE OF BURIAL Nov 17 1912

20. UNDERTAKER Eg F Rick — ADDRESS Blackfoot Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3360
Registered No. 86

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. 450, Mrs Laura Bragg St.)
Registration District No. 13
Primary Registration District No. 1007
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cecil Carew Burton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: April 6 1888 (Month) (Day) (Year)

7. AGE: 14 yrs. 7 mos. 7 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work. School Work
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Kossuth Co Iowa

10. NAME OF FATHER W J Burton

11. BIRTHPLACE OF FATHER (State or Country) Wis.

12. MAIDEN NAME OF MOTHER Ella J Palmer

13. BIRTHPLACE OF MOTHER (State or Country) Fairbault Minn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W J Burton
(Address)

15. Filed Nov 18 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to Nov 16 1912
that I last saw her alive on Nov 16 1912
and that death occurred on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:
Uraemic Coma due to Rheumatism Followed by Nephritis
(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Rheumatism & Nephritis
(Duration) ..... yrs. ..... mos. 20 ds.
(Signed) C. N. Powers M. D.
Nov 18 1912 (Address) Blackfoot, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ross Cemetery — DATE OF BURIAL: Nov 19 1912

20. UNDERTAKER: E J Peck — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11 [redacted] CERTIFICATE O[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3361
Registered No. 87

1. PLACE OF DEATH. Registration District No. 16
County of Bingham Primary Registration District No. 2053
City of Blackfoot (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victor Gaynon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 1 (Day) ..... (Year)

7. AGE: 6 yrs. 3 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Blackfoot Idaho

10. NAME OF FATHER: Moise Gaynon

11. BIRTHPLACE OF FATHER (State or Country): Mass.

12. MAIDEN NAME OF MOTHER: Malvina Palon

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Moise Gaynon
(Address) Blackfoot Idaho

15.
Filed Nov 18 1912 W. E. Patrie
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1912, to Nov 17 1912 that I last saw h[illegible] alive on Nov 16 1912 and that death occurred on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) ..... yrs. ..... mos. 17 ds.
Contributory (Secondary) Scarlet fever Impetigo contagiosa
(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) W. E. Patrie M. D.
Nov 18 1912 (Address) Blackfoot Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Groo City Cem. Blackfoot Idaho — DATE OF BURIAL: Nov 18 1912

20. UNDERTAKER: Moise Gaynon — ADDRESS: Blackfoot Idaho

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF D[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3362

Registered No. 88

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 1
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Mitchell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: UnKnown (Month) 1 (Day) (Year)

7. AGE: ? (possibly 50 years) yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frances M. Poole
(Address) Blackfoot. Idaho

15. Filed Nov. 20 1912 — M. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1912, to Nov. 18 1912
that I last saw her alive on Nov. 18 1912
and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:
Paretic Dementia

?
(Duration) ? yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frances M. Poole M. D.
Nov. 18 1912 (Address) Blackfoot. Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 1 mos. 6 ds. In the State 15 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Boise Idaho
Former or usual residence " "

19. PLACE OF BURIAL OR REMOVAL: The Idaho Insane Asylum — DATE OF BURIAL: Nov. 20 1912

20. UNDERTAKER: F. M. Poole. Med. Supt. — ADDRESS: Blackfoot. Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 9303
Registered No. 89

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Registration District No. 13
Primary Registration District No. 1007
(No. Blackfoot Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Bessie M. Dahmen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Nov. (Month) 27 (Day) 1912 (Year)

7. AGE: 10 yrs. 5 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Harry Dahmen

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Sophia Crider

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M E Dahmen
(Address)

15. Filed Nov. 22 1912 — M. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1912, to Nov. 21 1912
that I last saw her alive on Nov. 21 1912
and that death occurred on the date stated above, at 10:30 o'clock A.M.

The CAUSE OF DEATH* was as follows:

Anesthetic Narcosis
(Chloroform)
(Duration) — yrs. — mos. — ds.
Contributory Myocarditis
(Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) F. A. Mitchell M. D.
Nov. 21 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fort City Cem. Blackfoot Idaho
DATE OF BURIAL: Nov 23 1912

20. UNDERTAKER: E J Peck
ADDRESS: Blackfoot Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

This death occurred during an operation for tonsillotomy. M. E. P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. Idaho Insane Asylum St.)

File No. 3364
Registered No. 90
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Lester von Stein

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 1869
(Month) (Day) (Year)

7. AGE: 43 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Traveling Salesman
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A Poole
(Address) Blackfoot. Idaho.

15. Filed Nov 25 1912 W. E. Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1912, to Nov. 24 1912 that I last saw him alive on Nov. 24 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Paretic Dementia

? (Duration) ? yrs. ..... mos. ..... ds.

Contributory (Secondary) Syphilis & alcohol

? (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Francis A Poole M. D.

Nov. 24 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. 1 mos. 18 ds. In the State 1 yrs. 6 mos. ..... ds.
Where was Disease contracted, if not at place of death? Jerum Idaho
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lawrence Kans. DATE OF BURIAL: Nov 27 1912

20. UNDERTAKER: E. J. Peck. ADDRESS: Blackfoot. Ida.
E J Peck

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3365
Registered No. 91

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
(No. ....., ... St.)

Registration District No. 13
Primary Registration District No. 2053

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Isaac Deck

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 23 (Day) 1877 (Year)

7. AGE: 35 yrs. 5 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: Ezra Deck

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: Mary E. Dowdy

13. BIRTHPLACE OF MOTHER (State or Country): Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ezra Deck
(Address) Blackfoot Idaho

15. Filed Nov 27 1912 — W. E. Patrie, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1912, to Nov. 27 1912, that I last saw him alive on Nov. 25 1912 and that death occurred on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:
Brights Disease and Oedema of lungs &c.
(Duration) 2 yrs. 6 mos. ds.
Contributory (Secondary) Valv. Dis Heart-aortic
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Patrie M. D.
Nov. 27 1912 (Address) Blackfoot Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ferm Cem. Blackfoot — DATE OF BURIAL: Nov 28 1912

20. UNDERTAKER: E. J. Peck. — ADDRESS: Blackfoot

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Thorp
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 3366
Registered No. 84
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Louis Brooks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Nov (Month) 16 (Day) 1843 (Year)

7. AGE
69 yrs. - mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry, business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Illinois

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Thompson
(Address) Grangeville

15.
Filed Nov 26 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov (Month) - 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1912, to Nov 24 1912, that I last saw him alive on Nov 19 1912, and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Chronic Cystitis
about 8 months
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
Nov 26 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Denver Cemetery	Nov 25. 1912
20. UNDERTAKER	ADDRESS
Joseph McCluskey	Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 10
Primary Registration District No. 1001
(No. ....., ... St.)

File No. 3367
Registered No. 83

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Marie Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: November 15 (Month) (Day) 1912 (Year)

7. AGE: — yrs. — mos. 3½ ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): None

9. BIRTHPLACE (State or Country): Grangeville

10. NAME OF FATHER: Floyd Wesley Anderson

11. BIRTHPLACE OF FATHER (State or Country): Red Wing Minn

12. MAIDEN NAME OF MOTHER: Marie Sophia Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Rochester Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse L. Raines
(Address) Grangeville Idaho

15. Filed Nov 21 1912 G S Sheldon, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1912, to Nov. 18 1912 that I last saw her alive on Nov. 16 1912, and that death occurred on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jesse L. Raines M. D.
Nov. 19 1912 (Address) Grangeville, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View — DATE OF BURIAL: Nov 19 1912

20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3568
Registered No. 82

1. PLACE OF DEATH.
County of Idaho
City of Woodland (No. ....., ... St.)

Registration District No. 10
Primary Registration District No. 2044

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph M. Logsdon

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 11 (Day) 1822 (Year)

7. AGE: 90 yrs. 10 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Joseph Logsdon

11. BIRTHPLACE OF FATHER (State or Country): Kentucky

12. MAIDEN NAME OF MOTHER: Jones

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James A. Mason
(Address) Woodland Mason.

15.
Filed Nov 21 1912 — G S Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. 12th. (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1912, to same 1912
that I last saw him alive on Nov. 3rd 1912
and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Senility, most apparent pathologic condition was arterio sclerosis
long standing (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) nothing apparent
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wilbur F. McMahan M. D.
Nov 13 1912 (Address) Kamiah, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dixie Washington — DATE OF BURIAL: Nov 16 1912

20. UNDERTAKER: C J Johnson — ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Mt Idaho

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 3369
Registered No. 81

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Carey

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single
6. DATE OF BIRTH: Dec (Month) 12 (Day) 1836 (Year)
7. AGE: 75 yrs. 11 mos. 5 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.*
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ireland
10. NAME OF FATHER: Francis Carey
11. BIRTHPLACE OF FATHER (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (State or Country): Don't Know
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Vincent
(Address) Mt Idaho
15.
Filed Nov 21 1912 — G S Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 18 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1912, to Nov 18 1912
that I last saw h[e] alive on Nov 10 1912
and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Cheek
..... (Duration) unknown yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G S Stockton M. D.
Nov 19 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho — DATE OF BURIAL: Nov 18 1912
20. UNDERTAKER: W E Graham — ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ..... St.)

File No. 3370
Registered No. 80

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Edith Bigford Bickford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: Aug 20 (Month) (Day) 1874 (Year)

7. AGE: 39 yrs. 9 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) House Wife

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Linn

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): " " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Cyrus Overman
(Address) Grangeville

15.
Filed Nov 9 1912 G B Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1912, to Nov 8 1912
that I last saw her alive on Nov 7 1912,
and that death occurred on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:
Septic Peritonitis
.....
.....
..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Pelvic abscess
..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) G B Stockton M. D.
Nov 9 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho
DATE OF BURIAL: Nov 10 1912

20. UNDERTAKER: W. E. Graham
ADDRESS: Grangeville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 1002

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3371

Registered No. 88

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

(No. 127, Do 2nd ave. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leonhart Dauthenbaeur

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: March (Month) 28 (Day) 1862 (Year)

7. AGE: 50 yrs. 6 mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): Expressman

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs R. L. Powell

(Address) 127 Do 2nd ave

15.

Filed 10/2 1917 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 1 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1917, to Oct. 1 1917, that I last saw him alive on Sept. 30 1917 and that death occurred on the date stated above, at 5:00 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. 20 ds.

Contributory (Secondary) Mitral plenusia, alcoholism

(Duration) several yrs. — mos. — ds.

(Signed) W. J. Hound M. D.

10/2 1917 (Address) Pocatello, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery | DATE OF BURIAL: Oct 3 1917

20. UNDERTAKER: A. R. Walker | ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 356
Registered No. 8

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. Gen. Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME: Crystal Drake

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 29 (Day) 1901 (Year)

7. AGE: 18 yrs. 5 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Eden Idaho

10. NAME OF FATHER: Richard Asa Drake

11. BIRTHPLACE OF FATHER (State or Country): Willard Utah

12. MAIDEN NAME OF MOTHER: Martha Rice

13. BIRTHPLACE OF MOTHER (State or Country): Lexington Miss

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. M. Rice
(Address): Pocatello Ida.

15.
Filed 10/4 1917 Earl Dyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 4 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1917, to Oct. 4 1917, that I last saw her alive on Oct. 4 1917, and that death occurred on the date stated above, at 2a M.

The CAUSE OF DEATH* was as follows:
Purulent Peritonitis
Post operative
(Duration) yrs. 3 mos. ds.
Contributory Exhaustion
(Secondary)
(Duration) yrs. 1 mos. ds.
(Signed) W. J. Howard M. D.
Oct. 4 1917 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Pocatello Gen. Hospital ... yrs. ... mos. 14 days. In the State 18 yrs. 5 mos. 4 days.
Where was disease contracted if not at place of death? at Bates Idaho
Former or usual residence. Bates Idaho

19. PLACE OF BURIAL OR REMOVAL: Dwggo | DATE OF BURIAL: Oct 5 1917

20. UNDERTAKER: W. D. Walker | ADDRESS: Pocatello Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. 1002
(No. ....., ... St.)

File No. 373
Registered No. 78
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Unknown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	unknown

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
60 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) Caldwell Ida

15.
Filed 10/28 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 26th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1912, to Oct. 26 1912
that I last saw h[illegible] alive on Oct. 26 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Thrombosis —

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
Oct. 28 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL [illegible] | DATE OF BURIAL ..... 191[illegible]

20. UNDERTAKER [illegible] | ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3374

Registered No. 91

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 002
(No. 1st. & Yosemite St.)

2. FULL NAME Mary E. Sutherland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Sept (Month) 3 (Day) 1842 (Year)

7. AGE: 70 yrs. 8 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Commodore Moore

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Hartsell
(Address) Pocatello

15. Filed 10/26 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22nd 1912, to Oct. 26 1912, that I last saw her alive on Oct. 26 1912, and that death occurred on the date stated above, at 7:15 A.M.

The CAUSE OF DEATH was as follows: Ruptured Gall Bladder
Peritonitis

(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Ruptured Gall Bladder
(Duration) ... yrs. ... mos. ... ds.

(Signed) H. Smith Wasley M. D.
Oct. 26 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos. 4 days.
Where was disease contracted if not at place of death?
Former or usual residence:

19. PLACE OF BURIAL OR REMOVAL: [illegible] cemetery — DATE OF BURIAL: Oct 27 1912

20. UNDERTAKER: [illegible] Walker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19

Primary Registration District No. 1002

File No. 8345

Registered No. 92

1. PLACE OF DEATH.

County of

City of (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Arthur Collins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Baby

6. DATE OF BIRTH Apl 23rd 1911
(Month) (Day) (Year)

7. AGE 1 yrs. 6 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer) None

9. BIRTHPLACE (State or Country) Manson Idaho

10. NAME OF FATHER Jas. Collins

11. BIRTHPLACE OF FATHER (State or Country) Letcher Co. Kentucky

12. MAIDEN NAME OF MOTHER Mary Wood

13. BIRTHPLACE OF MOTHER (State or Country) Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pledger
(Address) Dutom Ida

15. Filed Oct 27 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 27 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Child dead on My arrival first Call 191..; ~~that I last saw h alive on~~ Oct 27 1912; and that death occurred on the date stated above, at 7 30 P.M.

The CAUSE OF DEATH* was as follows:
Had been sick about 1 week, broncho-pneumonia under care of Dr. Jno. H. Cooper McCammon Ida. who was out from on day 1 yrs. 2 mos. 7 ds.
(Duration)

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) W. J. Howard M. D.
11/8/1912. (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Fairview Idaho | DATE OF BURIAL Oct 28 1912

20. UNDERTAKER W. S. Walker Bishop | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

BVMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. Ind. Hospital St.)

File No. [illegible]6
Registered No. 93
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lee Long

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male.	Black	Single

6. DATE OF BIRTH
✓ (Month) ✓ (Day) 1890 (Year)

7. AGE
27 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Common Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE
(State or Country) ✓

10. NAME OF FATHER W. T. Long.

11. BIRTHPLACE OF FATHER
(State or Country) ✓

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER
(State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Taken from his Coroner
(Address)

15.
Filed 11/4 1912 Earl Dyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct (Month) 29 (Day) 191✓ (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25 191✓, to Oct 29 191✓, that I last saw him alive on Oct 29 191✓, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Typhoid—Pneumonia
Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Knight Dawes M. D.
Nov. 4 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos. 2 days.
Where was disease contracted if not at place of death? .....
Former or usual residence West Virginia

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
Ind. Cemetery | Nov. 8 191✓

20. UNDERTAKER | ADDRESS
D. D. Walker Pocatello Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 1002

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3377

Registered No. 94

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

(No. Fuyt Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Major Newton B. Scott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Sept 27 1840
(Month) (Day) (Year)

7. AGE: 72 yrs. 11 mos. 2 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired rancher
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: A. Dauton Scott

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Eliz McKay

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): N. B. Scott
(Address): Portland Ore.

15. Filed 10/26 1917 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 24 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1917, to Oct 24 1917, that I last saw him alive on Oct 24 1917, and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Thrombosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Smith Deaves M. D.

Oct. 26 1917 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence: Removed

19. PLACE OF BURIAL OR REMOVAL: Fort Scott Ohio — DATE OF BURIAL: Oct 26 1917

20. UNDERTAKER: W. T. Hallam — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 10/02
(No. 205, S. Garfield St.)

File No. 3378
Registered No. 95
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Susan D. Watts

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Feby 7 1842 (Month) (Day) (Year)

7. AGE: 70 yrs. 8 mos. 20 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Hampshire

10. NAME OF FATHER: Nathaniel Watts

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Charles C. Rogers
(Address): Idaho Falls.

15.
Filed 10/29 191 [illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 24 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 191, to Oct 24 191, that I last saw her alive on Oct. 26 191, and that death occurred on the date stated above, at 5a M.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia
(Duration) yrs. mos. Few ds.
Contributory (Secondary): Asthma Emphysema
(Duration) 8 yrs. — mos. — ds.

(Signed) W. F. Howard
Oct 29 191 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence: 0

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery | DATE OF BURIAL: Oct 30 191

20. UNDERTAKER: [illegible] | ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3379
Registered No. 96

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 656, Do 4th St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orey D Nicken

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6. DATE OF BIRTH Feby 27 1893
(Month) (Day) (Year)

7. AGE 19 yrs. 7 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry business, or dstablishment in which employed (or employer) Locomotive

9. BIRTHPLACE (State or Country) Nauvoo Utah

10. NAME OF FATHER J. O. Nicken

11. BIRTHPLACE OF FATHER (State or Country) Copenhagen

12. MAIDEN NAME OF MOTHER Myra C Nauvoo

13. BIRTHPLACE OF MOTHER (State or Country) Nauvoo Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. O. Nicken
(Address) 656 Do 4th Ave Pocatello

15.
Filed Oct 19th 1912 A. W. Reedy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1912, to Oct. 18 1912, that I last saw him alive on Oct. 17 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Septic endocarditis

(Duration) 10 yrs. - mos. - ds.
Contributory Rheumatism
(Secondary)
(Duration) yrs. 1 mos. - ds.
(Signed) Ernest Roberts M. D.
10/19 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt View Cemetery | DATE OF BURIAL Oct 20 1912

20. UNDERTAKER D. Reese | ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3380
Registered No. 97

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. End Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Violet A Whitaker

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Sept (Month) 14 (Day) 1891 (Year)

7. AGE: 21 yrs. — mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Willard Utah

10. NAME OF FATHER: L. E. Whitaker

11. BIRTHPLACE OF FATHER (State or Country): Richmond Utah

12. MAIDEN NAME OF MOTHER: Mary A Parsons

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. E. Whitaker
(Address) Downey

15.
Filed 10/9 1912 A W Reed Dept
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1912, to Oct 8 1912, that I last saw her alive on Oct 8 1912 and that death occurred on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis Post Mortem.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Smith Wadden M. D.

Oct 9th 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos. 8 ..... days.

Where was disease contracted if not at place of death?

Former or usual residence Downey Idaho

19. PLACE OF BURIAL OR REMOVAL: Downey | DATE OF BURIAL: Oct 8 1912

20. UNDERTAKER: W. C. Walker | ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3381

Registered No. 98

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No.

County of Bannock

City of Pocatello (No. 541 N. Arthur St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Howard Motte

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH: Feb (Month) 14 (Day) 1886 (Year)

7. AGE: 26 yrs. 1 mos. 3 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Wm Motte

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Francis Nighley

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Margaret Howard
(Address): Salt Lake City Utah

15.
Filed Oct 17 1912 A W Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1912, to Oct 17 1912, that I last saw him alive on Oct 17 1912, and that death occurred on the date stated above, at 10 a M.

The CAUSE OF DEATH* was as follows: Pneumonia — Lobar

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Smith Dooley M. D.

Oct. 17 19 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos. 1 days.

Where was disease contracted if not at place of death? Not known

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City | DATE OF BURIAL: Oct 18 1912

20. UNDERTAKER: P. V. Walker | ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3382
Registered No. 99

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 435, Do 5 St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Daisy Myrtle Trotter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 9 (Day) 1877 (Year)

7. AGE: 34 yrs. 11 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Wm. F. Dell

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Emma Neidigh

13. BIRTHPLACE OF MOTHER (State or Country): Ohio.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Trotter
(Address) Pocatello

15.
Filed Oct 19 1912 A W Reed dep
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16th 1912, to Oct 17 1912, that I last saw her alive on Oct 17 1912, and that death occurred on the date stated above, at 12 a. M.

The CAUSE OF DEATH* was as follows:

myocarditis

(Duration) not known yrs. mos. ds.

Contributory (Secondary) nephritis

(Duration) not known yrs. mos. ds.

(Signed) H. S. Woolley M. D.

Oct 19 1912 (Address) Pocatello, 1912

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: M. P. Cem Cemetery
DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: W. H. Wallace
ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3383
Registered No. 100

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Alisantos

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Greek	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country) Greece

10. NAME OF FATHER
Unknown

11. BIRTHPLACE OF FATHER
(State or Country) Greece

12. MAIDEN NAME OF MOTHER
Unknown

13. BIRTHPLACE OF MOTHER
(State or Country) Greece

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed 10/28 1912 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
R R accidents struck by train No 14

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O P Hess M. D.
10-28-1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER | ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3384
Registered No. 101

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 902 So 3rd St.)
Registration District No.
Primary Registration District No.
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Margaret Catherine Hopkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 11 (Day) 1839 (Year)

7. AGE: 73 yrs. 6 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: L. V. Marchbiotte

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Sarah Barrett

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Hopkins
(Address) Pocatello Ida

15.
Filed 12/28 191[illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1912, to Oct. 26 1912, that I last saw h[illegible] alive on Oct. 26 1912, and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. few ds.

Contributory (Secondary) Valvular (mitral) disease

(Duration) several yrs. — mos. — ds.

(Signed) W. F. Howard M. D.

Oct 27 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello Cemetery | DATE OF BURIAL: Oct 29 1912

20. UNDERTAKER: [illegible] ADDRESS: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1012
File No. 3385
Registered No. 102

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lars Nelson
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word.): Married

6. DATE OF BIRTH
..... 1 .....
(Month) (Day) (Year)

7. AGE: 84 yrs. 7 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) [illegible] Idg

15. Filed 10/24 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct. 25th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1912, to Oct. 25th 1912, that I last saw him alive on Oct. 25th 1912 and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF ~~DEATH~~* was as follows:
Asthenia chronic, Myocarditis
Nephritis.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. 27 ds.

(Signed) H. Smith Waller M. D.
Oct. 25 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL
..... | ..... 191..

20. UNDERTAKER | ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. 717, N. Arthur St.)

2. FULL NAME F. N. Collins

File No. 3386
Registered No. 103
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Nov (Month) 14 (Day) 1847 (Year)

7. AGE 64 yrs. 11 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Kildare Ireland

10. NAME OF FATHER F. N. Collins

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER Elizabeth Richardson

13. BIRTHPLACE OF MOTHER (State or Country) England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Collins
(Address) Lago Idaho

15. Filed 10/26 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 25th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1912, to Oct 25th 1912, that I last saw him alive on Oct 24th 1912, and that death occurred on the date stated above, at 8 a. M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 5 ds.

Contributory (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) St. Lacastle M. D.

Oct 26th 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt View cemetery — DATE OF BURIAL Oct 28 1912

20. UNDERTAKER P. L. Walker — ADDRESS Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. ____
Primary Registration District No. ____
File No. 3387
Registered No. ____

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Cottle

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 13 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello, Ida.

10. NAME OF FATHER: Allen A. Cottle

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Rose Turtchell

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Allen Cottle
(Address) Pocatello "

15. Filed 11/13 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13 191__, to Nov 13 1912, that I last saw h[illegible] alive on Nov 13 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows: Still Born

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) R. Knight Dazell M. D.
Nov 13 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ....yrs....mos....days. In the State ....yrs....mos....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello, Ida — DATE OF BURIAL: Nov. 14 1912

20. UNDERTAKER: P. A. Silver — ADDRESS: Pocatello, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of [illegible]

City of [illegible]

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19

Primary Registration District No. 1004

(No. 810, N. Hayes St.)

File No. 3388

Registered No. 110

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Robt Christensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Dec 30 1910
(Month) (Day) (Year)

7. AGE 1 yrs. 10 mos. 15 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Pocatello

10. NAME OF FATHER J. M. Christensen

11. BIRTHPLACE OF FATHER (State or Country) Denmark

12. MAIDEN NAME OF MOTHER Lena Christensen

13. BIRTHPLACE OF MOTHER (State or Country) Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Christensen
(Address) 810 N. Hayes

15.
Filed 11/16 1917 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. 15th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1912, to Nov. 15 1912, that I last saw him alive on Nov 15 1912 and that death occurred on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:
Diphtheria
(Neglected case died from general toxemia)
(Duration) — yrs. — mos. 10 ds.

Contributory (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) W. J. Howard M. D.
11/16 1912 (Address) 9-13 Bullock Blk

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL [illegible] Cemetery | DATE OF BURIAL Nov 16th 1912

20. UNDERTAKER [illegible] ADDRESS Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3389

Registered No. 109

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

(No. 517, N. 4th ave St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Anthony Zezza

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 16 (Day) 1912 (Year)

7. AGE: ... yrs. ... mos. ... ds.

IF LESS than 1 day how many ..... hrs. or 5 ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: L. A. Zezza

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: Aquelina Gulos

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): L. A. Zezza
(Address): Pocatello Ida.

15.
Filed 11/17 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1912, to Nov 16 1912, that I last saw him alive on Nov 16 1912, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

(a) Apoplexia Cerebralis

(Duration) Half hrs. minutes mos. ds.

Contributory (Secondary): non attendance in Cabox

(Duration) ... yrs. ... mos. ... ds.

(Signed) Carl Bourland M. D.

Nov 17 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View DATE OF BURIAL: Nov 18 1912

20. UNDERTAKER: W. H. Walker ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 100
File No. 3390
Registered No. 108

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 703, So 2nd St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eliza Maroni Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Oct 6 1835 (Month) (Day) (Year)
7. AGE: 77 yrs. 1 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):
9. BIRTHPLACE (State or Country): New York
10. NAME OF FATHER: Elisha Maroni Allen
11. BIRTHPLACE OF FATHER (State or Country): ✓
12. MAIDEN NAME OF MOTHER: ✓
13. BIRTHPLACE OF MOTHER (State or Country): ✓
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Allen
(Address) 703 So 2nd ave.
15.
Filed 11/22 1917 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 22 1917 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1917, to Nov. 22 1917, that I last saw him alive on Nov. 21 1917, and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:
Chronic Endocarditis
(Duration) Several yrs. — mos. — ds.
Contributory (Secondary) Bronchitis Nephritis
(Duration) Several yrs. — mos. — ds.
(Signed) W. F. Howard M. D.
11/22 1917 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ogden Utah | DATE OF BURIAL ..... 191...
20. UNDERTAKER: W. H. Walker | ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3391
Registered No. 107

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 646; N. 8th — St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Henry Wallace

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6. DATE OF BIRTH: May (Month) 27 (Day) 1868 (Year)

7. AGE: 44 yrs. 5 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry business, or establishment in which employed (or employer): Mat Wagon

9. BIRTHPLACE (State or Country): Grant Co. Wisc

10. NAME OF FATHER: Jno. Wallace

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Isabella Marsh

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jno. H. Christian
(Address) 930 Irolo St. Los Angeles Calif.

15. Filed 11/23 191 2 Earl Symes Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to Nov 21 1912, that I last saw him alive on 11/21 1912, and that death occurred on the date stated above, at 4.32 P.M.

The CAUSE OF DEATH* was as follows:
Acute Miliary
Tuberculosis
(Duration) yrs. mos. 21 ds.
Contributory (Secondary) Pneumonia - Relapse
(Duration) yrs. mos. ds.
(Signed) Earl Symes DO M. D.
11/21 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McMurrin
DATE OF BURIAL: 191

20. UNDERTAKER: P. C. Silvers
ADDRESS: Poca

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3392
Registered No. 106

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 646, N. Fremont St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ellen Cecil Davidson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Nov. (Month) 22 (Day) 1912 (Year)

7. AGE: ✓ yrs. ✓ mos. ✓ ds. IF LESS than 1 day how many ..... hrs. or ..... mins.? 16

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: David Fred Davidson

11. BIRTHPLACE OF FATHER (State or Country): Montana

12. MAIDEN NAME OF MOTHER: Madd E Breeding

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David Fred Davidson
(Address) Pocatello

15. Filed 11/24 191 2 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 22 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 191 2, to Nov 22 191 2, that I last saw her alive on Nov 22 191 2 and that death occurred on the date stated above, at 9 30 P. M.

The CAUSE OF DEATH* was as follows:,
Hypertrophy of Liver

(Duration) 16 hours yrs. mos. ds.

Contributory Luetic
(Secondary)
(Duration) yrs. mos. ds.

(Signed) H. A. Coste M. D.
Nov. 23rd 191 2 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery | DATE OF BURIAL: Nov. 24 191 2

20. UNDERTAKER: Dodd Mortuary ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. 612 Hoskins St.)

File No. 3393
Registered No. 105
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Stella McDonald

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH
(Month) (Day) 1890 (Year)

7. AGE: 32 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Valparaiso Ind

10. NAME OF FATHER: N. B. Lightfoot

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Delia Ellsworth

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Freda McDonald
(Address) Butte Mont

15.
Filed 11/24 1912 Ruth Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17 1912, to Nov 18 1912, that I last saw h[illegible] alive on Mon. Nov 18 1912, and that death occurred on the date stated above, at 9:00 M.

The CAUSE OF DEATH was as follows: Puerperal Sepsis Ruptured Fetopy Puerperal general peritonitis and Endocarditis

(Duration) about 9 days yrs. mos. ds.

Contributory (Secondary) Endocarditis about 4 days
(Duration) yrs. mos. ds.

(Signed) C. M. Newton M. D.
19 (Address) 125 N. 2nd ave

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..yrs. mos. 1 day. In the State ..yrs. ..mos. ..days.

Where was disease contracted if not at place of death? dont Know

Former or usual residence dont Know

19. PLACE OF BURIAL OR REMOVAL: Chicago Ills
DATE OF BURIAL: 191

20. UNDERTAKER: W. B. Walker
ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & SDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

19

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 19

Primary Registration District No. 1002

File No. 3394

County of Bannock

City of Pocatello (No. ....., ... St.)

Registered No. 104

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Kenneth Jerome Thomas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 14 (Day) 1908 (Year)

7. AGE: 4 yrs. 1 mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Salt Lake City

10. NAME OF FATHER: Warren J Thomas

11. BIRTHPLACE OF FATHER (State or Country): Salt Lake City

12. MAIDEN NAME OF MOTHER: Susan A. Hatheldbrook

13. BIRTHPLACE OF MOTHER (State or Country): Provo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Warren J Thomas

(Address) 222 N. Grant.

15.

Filed Nov 1 1912 Earl Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. 1st 11 am.

Nov (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at 9 a.M.

The CAUSE OF DEATH* was as follows:

Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Steely M. D.

11-1-1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Salt Lake City Utah | DATE OF BURIAL ..... 191...

20. UNDERTAKER: P.O. Walker | ADDRESS Pocatello Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3395

Registered No. 97

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bonneville

City of Idaho Falls

(No. ____, ____ St.)

Registration District No. 7

Primary Registration District No. 207

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie Klusmann

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. (Month) 3 (Day) 1885 (Year)

7. AGE: 27 yrs. 2 mos. 25 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Wilhelm Klusmann

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Klusmann

(Address) Idaho Falls

15. [redacted]

Filed Dec 2 1912

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1912, to Nov 28 1912; that I last saw h er alive on Nov 27 1912; and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows: Accidental - fracture of base of skull - Run over & injured by runaway team

(Duration) yrs. mos. 2 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) A Collins M. D.

Dec 7 1912 (Address) Idaho Falls, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Dec. 3 1912

20. UNDERTAKER: G V Hunt — ADDRESS: Idaho Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3398

Registered No. 94

1. PLACE OF DEATH.

County of Bonneville

City of Idaho Falls

Registration District No.

Primary Registration District No.

(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Chas Wallenstein

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 10 (Day) 1854 (Year)

7. AGE: 58 yrs. 7 mos. 9 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Andrew Wallenstein

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina Spike

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Wallenstein
(Address) Idaho Falls

15. Filed Nov 21 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I last saw h... alive on ....., 191...,
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:

Gunshot Wound Head
accidental

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jo. Morley Coroner M. D.

11/21 19 12 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State .....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho Falls — DATE OF BURIAL: Nov 22 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nezperces
City of Forak P.O.

Registration District No. 16
Primary Registration District No. 2117
(No. ....., Forest Ida St.)

File No. 3399
Registered No. 124

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs B. F. Guytch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6. DATE OF BIRTH
March (Month) 8 (Day) 1836 (Year)

7. AGE
75 yrs. 7 mos. 2? ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Connecticut

10. NAME OF FATHER Wm. H. Peatete

11. BIRTHPLACE OF FATHER (State or Country) dont no

12. MAIDEN NAME OF MOTHER .. ..

13. BIRTHPLACE OF MOTHER (State or Country) .. ..

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. F. Guytch
(Address) Forest Idaho

15.
Filed 12-10 1912 L. J. Pelan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1912, to Oct 16 1912
that I last saw h[illegible] alive on Oct. 16th 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Chronic Bright's disease
Arterio sclerosis ~~& Hemiplegia~~

..... (Duration) two yrs. — mos. — ds.
Contributory (Secondary) Hemiplegia
..... (Duration) ..... yrs. ..... mos. 6 ds.
(Signed) Geo. D. Laughlin M. D.
Nov 1st 1912 (Address) Winchester Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. ~~PLACE OF~~ BURIAL OR REMOVAL: To Lewiston — DATE OF BURIAL: Nov 3 1912

20. UNDERTAKER: C J Vassar — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1C
Primary Registration District No. 1009
File No. 3400
Registered No. 125

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
(No. ..... Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME C E Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: Sept (Month) 14 (Day) 1870 (Year)
7. AGE: 42 yrs. 1 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Col.
10. NAME OF FATHER: J W Brown
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Jane E McGinnis
13. BIRTHPLACE OF MOTHER (State or Country): Wis.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs G W Wade
(Address) 4913 Woodland Pk Ave Seattle Wn
15.
Filed 12-10 1912 L J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 2 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1912 to Nov 2 1912 that I last saw him alive on Nov 2 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Cause obscure. Probably lues with cerebral & visceral gummata.
(Duration) 6 yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Paul D Johnson M. D.
Nov 4 1912 (Address) Clarkston Wash.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: 3 1912
20. UNDERTAKER: C J Vossar
ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3401

Registered No. 126

1. PLACE OF DEATH.

Registration District No. 10

Primary Registration District No. 2117

County of [illegible]

City of [illegible]

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME "A Stranger" J. A. Grant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH

Don't know 1
(Month) (Day) (Year)

7. AGE

77 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION

(a) Trade, professsion, or particular kind of work ~~Don't Know~~

(b) General nature of industry business, or establishment in which employed (or employer) Farmer

9. BIRTHPLACE (State or Country) Penn

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. Howe

(Address) 13[redacted]-14th St

15.

Filed 12-10 1912 San Diego Cal

L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...

that I last saw h... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place ..... In the

of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was Disease contracted,

If not at place of death?

Former or usual residence

19. PLACE OF BURIAL, REMOVAL: Lewiston — DATE OF BURIAL: Nov. 4 1912

20. UNDERTAKER: C. J. Vasson — ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 16
Primary Registration District No. 1009
File No. 3402
Registered No. 127

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston
(No. 916, 4th St. St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Cornelius K Donovan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	married

6. DATE OF BIRTH: Sept (Month) 27 (Day) 1890 (Year)

7. AGE: 22 yrs. 1 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ore.

10. NAME OF FATHER: John Fine

11. BIRTHPLACE OF FATHER (State or Country): Mont Co

12. MAIDEN NAME OF MOTHER: Rosalie Bell

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Donovan
(Address)

15. Filed 12-10 1912 L J Parker Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1912, to Nov 3 1912 that I last saw h[illegible] alive on Nov 4 1912, and that death occurred on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:
My blood Poisoned by Contracted by Pneumonia
(Duration) 2 yrs. 1 mos. 9 ds.
Contributory (Secondary) Pneumonia
(Duration) yrs. mos. 10 ds.
(Signed) C W Stuff M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston — DATE OF BURIAL: Nov. 7 1912

20. UNDERTAKER: C. Wasson — ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistic

1. PLACE OF DEATH.
County of [illegible]
City of [illegible]

Registration District No. 16
Primary Registration District No. 1009
(No. ....., ... St.)

File No. 3403
Registered No. 128

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hilda LaRue

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 21 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Chicago Ill.

10. NAME OF FATHER: Fred Jensen

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Sweeden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eugene La Rue
(Address) Lewiston Idaho

15.
Filed 12-10 1912
L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 191..., to Nov. 17 1912
that I last saw her alive on Nov. 16 1912
and that death occurred on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L. J. Perkins M. D.
Nov. 18 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pleasant
DATE OF BURIAL: Nov. 18 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lynah
City of Lewiston

Registration District No. 12
Primary Registration District No. 1009
(No. ..., Raymond Ave

File No. 340
Registered No. 129

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Michael Jordan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ... 1 (Month) (Day) (Year)

7. AGE: 55 yrs. ... mos. ... ds.
IF LESS than 1 day how many ... hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Actor
(b) General nature of industry business or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or Country): Not Known

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C Lundquist
(Address) ...

15. Filed 12-10 1912 L. Richardson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 23rd 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1912, to Nov. 22 1912 that I last saw him alive on Nov 22 1912 and that death occurred on the date stated above, at 5A M.

The CAUSE OF DEATH* was as follows:

Heart Disease.

... (Duration) Unknown yrs. ... mos. ... ds.

Contributory (Secondary) Pneumonia - Lobar

... (Duration) 7 yrs. 2 mos. 8 ds.

(Signed) Edgar L. White M. D.

Nov 23 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: New York
DATE OF BURIAL ... 191...

20. UNDERTAKER: C J Wasson
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

16 4 P

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3405

Registered No. 130

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm L. Larsen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) ..... (Day) 1850 (Year)

7. AGE: 62 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John P. Glass
(Address) Nez Perce Idaho

15. Filed 12-10 1912 L. J. Parkinson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1912, to Nov. 24 1912, that I last saw h[illegible] alive on Nov. 24 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Sclerosis (hypertrophic) of Prostate.

..... (Duration) Not known mos. ..... ds.
Contributory (Secondary) Heart failure
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. J. Parkinson M. D.
Nov. 26 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Nov. 26 1912

20. UNDERTAKER: C. J Varsan
ADDRESS: Lewiston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statisti

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 1716, 6th St.)

Registration District No. 10
Primary Registration District No. 1009

File No. 3406
Registered No. 131

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Josie L. Miller

If death occurred in a hospital, stitution or camp give its NAM instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fs
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 11 (Day) 1863 (Year)

7. AGE: 49 yrs. 1 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Joseph H Hutton

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: ~~Sarah~~ Elizabeth Fudge

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. B. Miller
(Address) Lewiston Ida.

15.
Filed 12-10 1912 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased fro
Nov 25-12 1912, to Nov 25 191
that I last saw her alive on Nov 25 191
and that death occurred on the date stated above, at 8 A

The CAUSE OF DEATH* was as follows:
Heart Disease
with general oedema.

(Duration) 1 yrs. mos.
Contributory (Secondary) Hypertrophic Cirrhosis
(Duration) 5 yrs. mos.
(Signed) Edgar L. Pettit M.
Dec 2 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos .....
Where was disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Nov 29 1912

20. UNDERTAKER: C. J. Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N... item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI... CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

orm V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

PLACE OF DEATH.

Registration District No. 5

Primary Registration District No. 2014

File No. 3407

unty of Lincoln

y of Shoshone (No. ....., ... St.)

Registered No. 48

eath occurs away from usu- residence, give facts called under special information.

2. FULL NAME Kit (Chinaman)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4. COLOR OR RACE: Chinaman

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write the word.*)

DATE OF BIRTH: Dec 4 (Month) (Day) 1912 (Year)

AGE: 75 yrs. — mos. — ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

OCCUPATION
a) Trade, professsion, or particular kind of work: Gardener
b) General nature of industry business, or establishment in which employed (or employer): .....

BIRTHPLACE (State or Country): China

9. NAME OF FATHER: unknown

10. BIRTHPLACE OF FATHER (State or Country): China

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): China

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) and information

(Address) only a Chinaman

Filed Dec. 5 1912 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1912, to Dec. 4 1912 that I last saw h[im] alive on Dec. 1 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) several yrs. mos. ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward F. Zeller M. D.

Dec. 6 1912 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was Disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone Ida

DATE OF BURIAL: Dec. 5 1912

20. UNDERTAKER: O. J. Brannan

ADDRESS: Shoshone

K CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Dietrich

Registration District No. 5
Primary Registration District No. 2016
(No. ....., ... St.)

File No. 3408
Registered No. 49

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cora B. Moorehouse

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	single

6. DATE OF BIRTH: March 13 1912 (Month) (Day) (Year)

7. AGE: yrs. 8 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Dietrich Lincoln Co Idaho.

10. NAME OF FATHER John Samuel Moorehouse

11. BIRTHPLACE OF FATHER (State or Country) Michigan

12. MAIDEN NAME OF MOTHER Cora B. Stewart.

13. BIRTHPLACE OF MOTHER (State or Country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Moorhouse
(Address) Dietrich Ida.

15. Filed Nov. 16 1912 C. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 15th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1912, to Nov 15th 1912
that I last saw her alive on Nov - 15 1912
and that death occurred on the date stated above, at 12.30 M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis

..... (Duration) Eight hours

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. S. Lighthall M. D.
Nov. 20. 1912 (Address) Dietrich Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Buried on Ranch — DATE OF BURIAL: Nov - 17 - 1912

20. UNDERTAKER ..... ADDRESS .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3409
Registered No.

1. PLACE OF DEATH.
County of Twin Falls.
City of Twin Falls (No. ....., ... St.)

Registration District No. 23
Primary Registration District No. 2085

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas C. Davis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January 10 (Month) (Day) 1850 (Year)

7. AGE: 62 yrs. 10 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: Alonza Davis

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Henrietta Davis.

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy Davis
(Address) Rapid City So Dak

15. Filed Nov 24 1912
John Houghlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1912, to Nov 25 1912 that I last saw h[illegible] alive on Nov 25 1912 and that death occurred on the date stated above, at 9A M.

The CAUSE OF DEATH* was as follows:
Erysipelas

..... (Duration) ..... yrs. — mos. 17 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H W Clouchek M. D.
Nov 26 1912 (Address) Twin Falls, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rapid City So. Dak.
DATE OF BURIAL: — 1912

20. UNDERTAKER: S. J. Grossman
ADDRESS: Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2065
File No. 3410

1. PLACE OF DEATH.
County of Twin Falls
City of ..... (No. ....., ... St.)
Registered No. .....
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frost A. Bowen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: November 1 (Month) (Day) (Year)

7. AGE: 32 ? yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Dan Bowen

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Christman

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Esmond C. Dysart
(Address) Filer Ida

15.
Filed 11-30 1912 John E. Douglas Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov 30 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was ~~as follows:~~
Gun shot wound
Left temple Gun in the hand of Jesse Dysart
(Duration) 0 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. J. Crosby M. D.
12-3 1912 (Address) Twin Falls Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~: Twin Falls DATE OF BURIAL: 12-3 1912

20. UNDERTAKER: Charles J. Crosby ADDRESS: Twin

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 7085
(No. ....., ... St.)

File No. 3411
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Raymond Horace Cline

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Jan. 12, 1889
(Month) (Day) (Year)

7. AGE: 23 yrs. 10 mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cowboy
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Arkansas

10. NAME OF FATHER: John Cline

11. BIRTHPLACE OF FATHER (State or Country): Arkansas

12. MAIDEN NAME OF MOTHER: Ellen B. Hewitt

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Hansen
(Address) Rock Creek Idaho

15. Filed 11-16 1912 J. Lee Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15th 1912, to Nov 15th 1912 that I last saw h[illegible] alive on Nov 15th 1912 and that death occurred on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

Shock from Acute dilatation of Heart - from Hemorrhage
(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Gun Shot wound of Scrotum - Through 4 & 5 loops of the Intestine and into Spinal Column
(Duration) ..... yrs. ..... mos. 1 ds.
(Signed) Duncan L. Alexander M. D.
11/16 1912 (Address) Twin Falls Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 1 days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? Rogerson Ida
Former or usual residence: Rock Creek Ida

19. PLACE OF BURIAL OR ~~REMOVAL~~ | DATE OF BURIAL
Rock Creek | Nov 17 1912

20. UNDERTAKER | ADDRESS
C. J. Crosby | Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 1976O

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

23

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

3412

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No. 2085

File No.

County of Twin Falls

City of (No. , St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Mary Hager

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	Married (Write the word.)

6. DATE OF BIRTH

Jan. 31, 1851
(Month) (Day) (Year)

7. AGE

61 yrs. 9 mos. 13 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: Frank Hager

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: Hannah Jarmer

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Hager

(Address) Twin Falls

15.

Filed 11-13 1912

John L. Boyle
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Nov. 12 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to Sept 1912,

that I last saw her alive on Sept 1912,

and that death occurred on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Endo-Myo et Pericarditis - Atelectasis of most lung tissue with emphysema of small remaining portion - Hyperplasia & Hypertrophy of Spleen - Gangrene of lower limbs.

(Duration) yrs. 6 mos. ds.

Contributory (Secondary) Infection of lung with profuse purulent expectoration

(Duration) Several yrs. mos. ds.

(Signed) J. R. Morgan M. D.

Nov. 13 1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Twin Falls Cem.	11-14 1912

20. UNDERTAKER	ADDRESS
C. J. Crosby	Twin Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 23

Primary Registration District No. 2085

File No. 3413

County of Twin Falls

City of Twin Falls (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Pavey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Single (Write the word.)

6. DATE OF BIRTH: Dec. 10, 1895 (Month) (Day) 1 (Year)

7. AGE: 16 yrs. 11 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New Mexico

10. NAME OF FATHER: Wm. Marion Pavey

11. BIRTHPLACE OF FATHER (State or Country): Texas

12. MAIDEN NAME OF MOTHER: Martha Grindstaff

13. BIRTHPLACE OF MOTHER (State or Country): Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H. Pavey

(Address) Filer Idaho

15. Filed 11-19 1912 John F. Cuffel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1912, to Nov. 19 1912, that I last saw him alive on Nov. 18 1912, and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Morgan M. D.

Nov. 19 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls | DATE OF BURIAL: Nov 20 1912

20. UNDERTAKER: Charles J. Crosby | ADDRESS: Twin Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3414
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
Registration District No. 23
Primary Registration District No. 2085
(No. 601 - 3rd Ave West St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Kirkman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Nov (Month) 2 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: L. G. Kirkman

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Kathryn Marquardson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. G. Kirkman
(Address) Twin Falls

15. Filed Nov. 3 1912
John T. Hughes
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 2 (Day) 191— (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1912, to Nov 2 1912, that I last saw h— alive on Nov 2 191— and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of Stomach and Lungs

(Duration) ..... yrs. ..... mos. 3 ds.
Contributory (Secondary) Premature birth
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allison L. Herrandson M. D.
Nov 3 1912 (Address) Twin Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery
DATE OF BURIAL: Nov 3 1912

20. UNDERTAKER: Hand Stewart
ADDRESS: Twin Falls Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2087.
Primary Registration District No. 23
File No. 3416
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Burke (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles Walter Siegenthaler

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec 13 (Month) (Day) 1909 (Year)

7. AGE: 2 yrs. 11 mos. 8 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) W. Farm.

9. BIRTHPLACE (State or Country) Owensville Iowa.

10. NAME OF FATHER J.W. Siegenthaler

11. BIRTHPLACE OF FATHER (State or Country) Grassy Cove Iowa

12. MAIDEN NAME OF MOTHER Beulah Hill

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Beulah Siegenthaler
(Address) Burke

15. Filed 11-22 1912 J.V. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1912, to Nov 21 1912, that I last saw him alive on Nov 21 1912 and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Cerebro spinal meningitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Tonsilitis

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Chas. Wetherbee M. D.

Nov. 21 1912 (Address) Burke Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Filer Idaho. DATE OF BURIAL: 11-27 1912

20. UNDERTAKER: [illegible] ADDRESS: Burke Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 22
Primary Registration District No. 2305
File No. 3418
Registered No. 5

1. PLACE OF DEATH.
County of Payette
City of Payette
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ora N Kelso.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widowed

6. DATE OF BIRTH
Feb 9 1836
(Month) (Day) (Year)

7. AGE
76 yrs. 9 mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ohio

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (State or Country) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (State or Country) Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Kelso
(Address) Payette Ida

15.
Filed Nov 22 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
November 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1912, to Nov. 20 1912, that I last saw him alive on Nov. 16 1912, and that death occurred on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:
Hepatic cirrhosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. H. Avery M. D.
11/20/1912 (Address) Payette Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Payette Ida — DATE OF BURIAL: 11-22 1912

20. UNDERTAKER: D. V. Cadin — ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 22

Primary Registration District No. 2005

File No. 3419

Registered No. 36

County of Canyon

City of Payette (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maria Roberts

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Dec 6 1825 (Month) (Day) (Year)

7. AGE: 86 yrs. 11 mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R P Roberts
(Address) Boise, Ida

15. Filed Nov 23 1912 J P Lowe Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191.., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at 5 a. M.

The CAUSE OF DEATH* was as follows:

No physician in attendance

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Payette Ida — DATE OF BURIAL: Nov 23 1912

20. UNDERTAKER: J R Adair — ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 29
County of Lincoln Primary Registration District No. 2102
City of ..... (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 3420
Registered No. 25
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fred. Fesch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

7. AGE: 22 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Unknown
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. R. Killen M. D.
(Address) Coeur (Lincoln Co.

15. Filed Dec. 10 1912 V. R. Killen Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h~~e~~ alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental - Killed in Car of Lumber on R.R. Train.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) V. R. Killen. M. D.
..... 19..... (Address) (Coeur)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or
usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Rupert — DATE OF BURIAL: Nov. 25 1912

20. UNDERTAKER: W. A. Goodman — ADDRESS:

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln — Registration District No. 29
City of Rupert — Primary Registration District No. 2015
(No. ..... St.)
File No. 3421
Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ellen Barnett Whitley

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 18 (Day) 1876 (Year)

7. AGE: 36 yrs. 8 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Silver City Ida.

10. NAME OF FATHER: James Barnett

11. BIRTHPLACE OF FATHER (State or Country): Indiana

12. MAIDEN NAME OF MOTHER: McCormick

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Whitley
(Address) Rupert, Idaho.

15. Filed Dec. 10 1912 — W. R. Killeen, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1912, to Nov 13 1912
that I last saw h er alive on Nov. 11 1912,
and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of the breast
(Duration) 2 yrs. ? mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Kenney M. D.
Nov. 15 1912 (Address) Rupert Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rupert — DATE OF BURIAL: Nov. 14 1912

20. UNDERTAKER: W A Goodman — ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 29
Primary Registration District No. 2102
File No. 3422
Registered No. 23

1. PLACE OF DEATH.
County of Lincoln
City of Heyburn (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Joe Badtright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Mar (Month) 1 (Day) 1891 (Year)

7. AGE: 21 yrs. 8 mos. 8 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Berry Ville Ark

10. NAME OF FATHER: John Badtright

11. BIRTHPLACE OF FATHER (State or Country): Ark

12. MAIDEN NAME OF MOTHER: Bidie Smith

13. BIRTHPLACE OF MOTHER (State or Country): Ark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Rusk
(Address) Rupert

15. Filed Dec. 10 1912 V. R. Kellar Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1912, to Nov 8 1912 that I last saw h[illegible] alive on Nov 8 1912 and that death occurred on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever

(Duration) ..... yrs. ..... mos. 25 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Thompson M. D.
11/8 1912 (Address) Heyburn Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rupert
DATE OF BURIAL: Nov 10 1912

20. UNDERTAKER: W. G. Goodman
ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 29

Primary Registration District No. 2015

File No. 3423

Registered No. 52

County of Lincoln

City of Acequia (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Reginald R Ray Olson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 26 (Day) 1831 (Year)

7. AGE: 81 yrs. 2 mos. 0 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Erik Ray

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sophie Ray
(Address) Acequia

15.
Filed Dec 10 1912
W. R. Wilson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1912, to Nov 25 1912, that I last saw her alive on Nov 25 1912, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Scott M. D.

19..... (Address) Rupert Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rupert Cemetery | DATE OF BURIAL: Sept 28 1912

20. UNDERTAKER: W. G. Gordon | ADDRESS: Rupert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3424
Registered No. 44

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2 1 2d
(No. ..... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Vernon Waldo Oleson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH: July (Month) 3 (Day) 1902 (Year)

7. AGE: 10 yrs. 4 mos. 22 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Jr. school
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Washington Co. Ida.

10. NAME OF FATHER: Edward G. Oleson

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Ruby Bernier

13. BIRTHPLACE OF MOTHER (State or Country): Nevada Elko Co

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Oleson
(Address) Burley Ida.

15. Filed Dec 5 1912 L. B. Stockdale Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 23rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21st 1912, to Nov. 23rd 1912, that I last saw h.. alive on Nov. 23rd 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Accidental Death, Fracture of Skull

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. C. Patterson M. D.
Nov. 23 1912 (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida
DATE OF BURIAL: Nov. 25 1912

20. UNDERTAKER: L. B. Gallagher
ADDRESS: Burley Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH,
County of Cassia
City of .....
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 21st
(No. ....., ... St.)

File No. 3427
Registered No. 47
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Sarah E Dayley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	~~Married~~ Widowed

6. DATE OF BIRTH: Nov. (Month) 6th (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 30 min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Burley, Idaho.

10. NAME OF FATHER C. C. Dayley

11. BIRTHPLACE OF FATHER (State or Country) Idaho.

12. MAIDEN NAME OF MOTHER Myrtle Cook

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. C. Dayley
(Address) Burley, Idaho

15.
Filed Dec 1 1912 L B Stuckenberg
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1912, to Nov. 6th 1912 that I last saw h-r alive on Nov. 6th 1912, and that death occurred on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:
Premature Birth
Lived 30 minutes
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Patterson M. D.
Nov 6 1912 (Address) Burley, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burley, Idaho. DATE OF BURIAL: Nov. 6th 1912

20. UNDERTAKER: None ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3428
Registered No. 48

1. PLACE OF DEATH.
County of Cassia
City of Burley,
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 2124
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Steven McElmeel

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Unknown ..... 1 ..... (Month) (Day) (Year)

7. AGE: 66 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. C. Taylor
(Address) Burley Ida.

15.
Filed Dec 5 1912 L B Stockdale
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-16 1912, to 11-18 1912
that I last saw him alive on Nov 16" 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Tuberculosis
Lungs

(Duration) 2 yrs. 6 mos. ds.
Contributory Don't know
(Secondary)
(Duration) yrs. mos. ds.

(Signed) C. T. Stone M. D.
19 (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Don't know
Former or usual residence: Don't know

19. PLACE OF BURIAL OR REMOVAL: Burley Ida
DATE OF BURIAL: Nov. 18 1912

20. UNDERTAKER: L. B. Fallogly
ADDRESS: Burley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3430
Registered No. 50

1. PLACE OF DEATH.
County of Cassia
City of Albion
(No. ....., ... St.)

Registration District No. 31
Primary Registration District No. 2175

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Freeman Phippin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower

6. DATE OF BIRTH: Sept (Month) 20 (Day) 1822 (Year)

7. AGE: 90 yrs. 2 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wilford F Phippin
(Address) .....

15.
Filed Dec 1 1912 B Stoneburner
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1912, to Nov 25 1912
that I last saw him alive on Nov 25 1912
and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) — yrs. ..... mos. ..... ds.

(Signed) B Stoneburner M. D.
Nov 25 1912 (Address) Albion Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Albion Idaho
DATE OF BURIAL: Nov 28 1912

20. UNDERTAKER: None
ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE I

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2048
City of Soda Springs (No. ....., ... St.)
File No. 3431
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Russell T. Panting

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W.	Single

6. DATE OF BIRTH November 16 1912
(Month) (Day) (Year)

7. AGE — yrs. — mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Soda Springs, Idaho.

10. NAME OF FATHER Russell Milton Panting

11. BIRTHPLACE OF FATHER (State or Country) Soda Springs, Idaho.

12. MAIDEN NAME OF MOTHER Lettie Thirsk

13. BIRTHPLACE OF MOTHER (State or Country) Thatcher Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Russell M. Panting
(Address) Soda Springs Ida

15. Filed 12-10- 1912 Ellis Kackley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. 16th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6- 1912, to Nov 16th 1912
that I last saw him alive on Nov 16th 1912
and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
Marasmus Succoring
Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

(Signed) Ellis Kackley M. D.
Nov 20 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Soda Cemetery — DATE OF BURIAL Nov 17 1912

20. UNDERTAKER E. D. Whitman — ADDRESS Soda Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11

County of Bannock Primary Registration District No. 2048

City of Grace (No. ..., ... St.)

File No. 3432

Registered No. 49

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harriet Jessie Andrus

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: October (Month) 18 (Day) 1876 (Year)

7. AGE: 35 yrs. 11 mos. 8 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: Ira Hogan

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Harriet Rosa Harris

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Husband
(Address) Grace Idaho

15.
Filed 12-10-1912 Ellis Kackley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: September (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1912, to Sept 2 1912 that I last saw her alive on Sept 2 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Primary [illegible] abscess

..... (Duration) ..... yrs. ..... mos. — ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. Hunt Lovard M. D.

Sept 4 1912 (Address) Grace, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Thatcher

DATE OF BURIAL: 9-29-1912

20. UNDERTAKER: Geo. Andrews

ADDRESS: Thatcher

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Oxford
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2046
(No. ....., ... St.)

File No. 3433
Registered No. 448

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Maary O. Hatch

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Oct. (Month) 19 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many 12 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Oxford Idaho

10. NAME OF FATHER: Daniel G. Hatch

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Elsie M Enoch

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D.G. Hatch
(Address) Oxford Idaho

15. Filed 12-10- Fourth 1912 Ellis Kackley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1912, to Oct 20 1912
that I last saw her alive on Oct 20 1912,
and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Being born premature

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D.G. Hatch M.D.
Nov 1 1912 (Address) Oxford

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Oxford
DATE OF BURIAL: Oct 21st 1912

20. UNDERTAKER: R. Crawford
ADDRESS: Oxford

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11

County of Bannock Primary Registration District No. 2046

City of Downey (No. ....., ... St.)

File No. 3434

Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Dahlen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: November 5 (Month) (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 3 ds.

IF LESS than 1 day how many ..... *hrs.* or ..... *min.*?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Downey

10. NAME OF FATHER: Conrad F. Dahlen

11. BIRTHPLACE OF FATHER (State or Country): Germny

12. MAIDEN NAME OF MOTHER: Jean Rankin

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C.F.Dahlen

(Address) Downey, Ida

15. Filed 12-10- 1912 Ellis Hackley, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November 8 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1912, to Nov 8 1912 that I last saw her alive on Nov 8 1912, and that death occurred on the date stated above, at 3.15A M.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

Nov 10 1912 (Address) Downey, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Private grave	Nov 8 1912
20. UNDERTAKER	**ADDRESS**
C.F.Dahlen	Downey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3435
Registered No. 35

1. PLACE OF DEATH. Registration District No. 17
County of Clearwater Primary Registration District No. 2078
City of Orofino (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louise Alexandria

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 184D (Year)

7. AGE: 72 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louise Timms.
(Address) Orofino, Ida.

15. Filed Nov 8 1917 J. M. Tarby Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 7- 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 27 1906, to Nov-7 1912
that I last saw h alive on Nov-7 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Cardiac Asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity.
..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Louise Timms M. D.
Nov 8 1917 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida — DATE OF BURIAL: Nov 8 1917

20. UNDERTAKER: D. Vaason — ADDRESS: Lewiston Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3436

Registered No. 36

1. PLACE OF DEATH.
County of Clearwater
City of Near Peck

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Belvit

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
M	W	

6. DATE OF BIRTH: 10 (Month) 19 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds. IF LESS than 1 day how many 14 hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Near Peck Ida

10. NAME OF FATHER Jesse Justin Belvit

11. BIRTHPLACE OF FATHER (State or Country) Brightwood Mont.

12. MAIDEN NAME OF MOTHER Myrtle Dykes

13. BIRTHPLACE OF MOTHER (State or Country) Wash

14. THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE
(Informant) J W Lyle MD
(Address) Peck

15. Filed Nov 30 1912 J M Fairley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 10 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from birth 1912, to ..... 191..
that I last saw h[illegible] alive on about date 191..
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Premature Vitality

..... (Duration) ..... yrs. ..... mos. 4 hrs.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J W Lyle M. D.
10-20 1912 (Address) Peck

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Near Lenore Ida — DATE OF BURIAL: Oct 20 1912

20. UNDERTAKER: — ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3437
Registered No. 37

1. PLACE OF DEATH. Registration District No. 17
County of Clearwater Primary Registration District No. 2078
City of Orofino (No. ....., St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thomas Johnson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 26 (Day) 1837 (Year)

7. AGE: 75 yrs. 5 mos. 3 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miller
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Jacob Johnson

11. BIRTHPLACE OF FATHER (State or Country): Maryland

12. MAIDEN NAME OF MOTHER: Mary M. Pattenbrecker

13. BIRTHPLACE OF MOTHER (State or Country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Byron E. Culpper
(Address) D. W. Dutton

15. Filed Nov 30 1912 J. M. Fairley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21 1912, to Nov 26 1912
that I last saw h[illegible] alive on Nov 26 1912
and that death occurred on the date stated above, at 9 A M.
The CAUSE OF DEATH* was as follows:

Brights Disease

2 yrs (Duration) about 2 yrs. mos. ds.

Contributory (Secondary) ——— (Duration) —— yrs. mos. ds.

(Signed) D. B. Stonebraner M. D.
Dec 4 1912 (Address) Yakima

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Teakean Clearwater Cemetery — DATE OF BURIAL: Nov 30 1912

20. UNDERTAKER: M. J. Hoddard — ADDRESS: Gifford

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3438
Registered No. 38

1. PLACE OF DEATH.
County of Fremont
City of Drason,

Registration District No. 17
Primary Registration District No. 2678
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Zan Lean Jordan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: October (Month) 7 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: O. J. Jordan

11. BIRTHPLACE OF FATHER (State or Country): W. Va.

12. MAIDEN NAME OF MOTHER: Jennie Flannigan

13. BIRTHPLACE OF MOTHER (State or Country): W. Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Jordan
(Address) Drason, Ida

15. Filed Nov 20 1912 J. M. Hardy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h... alive on — 191...
and that death occurred on the date stated above, at — M.
The CAUSE OF DEATH* was as follows:

Unknown -
No medical attendance -

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. T. Jacoby M. D.
Nov 20 1912 (Address) Drason, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Drason Ida
DATE OF BURIAL: Nov 21 1912

20. UNDERTAKER: J. S. Hague
ADDRESS: Drason Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 32
County of Lemhi Primary Registration District No. 2127
City of Leo (No. ....., ... St.)
File No. 3439
Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hattie A. Jarrigan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 19th 1848 (Month) (Day) (Year)

7. AGE: 64 yrs. 7 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Owen Co. Indiana

10. NAME OF FATHER: ——— McClaren

11. BIRTHPLACE OF FATHER (State or Country): (?)

12. MAIDEN NAME OF MOTHER: Mary Kline

13. BIRTHPLACE OF MOTHER (State or Country): (?)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G A Jarrigan
(Address) Leo Idaho

15. Filed 11-17 1912 Elton B. Rogers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 16- 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12- 1912, to November 16 1912 that I last saw her alive on Nov 14 1912 and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Breast

..... (Duration) 5- yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elton B. Rogers M. D.
11-17-1912 (Address) Leadore

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Leo Idaho — DATE OF BURIAL: 11-18 1912

20. UNDERTAKER: Leo Idaho Furn Co. — ADDRESS: Leo, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Bellevue

Registration District No. 21
Primary Registration District No. 2022
(No. ..., ... St.)

File No. 3440
Registered No. 67

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 16 1909
(Month) (Day) (Year)

7. AGE: 3 yrs. 5 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bellevue Idaho

10. NAME OF FATHER: Walter T. Wright

11. BIRTHPLACE OF FATHER (State or Country): Henry Co Utah

12. MAIDEN NAME OF MOTHER: Cora Maria Carpenter

13. BIRTHPLACE OF MOTHER (State or Country): Harrisburg Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter T. Wright
(Address) Bellevue Idaho

15.
Filed ..... 191...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June 13th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1912, to June 13th 1912, that I last saw him alive on June 13th 1912, and that death occurred on the date stated above, at 8:40 P. M.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(Duration) ... yrs. ... mos. 17 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) R. Shuttleworth M. D.
June 13 1912 (Address) Hailey Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bellevue Ida — DATE OF BURIAL: June 15th 1912

20. UNDERTAKER: R. D. Harris — ADDRESS: Hailey Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. [redacted] F DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DI[redacted]ion District No. 21

County of Blain[redacted] Primary Registration District No. 2022

File No. 3441

City of Bellevue (No. ....., ... St.)

Registered No. 66

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alice Shaffer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wh[redacted]

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: [redacted] (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 27 ds. IF LESS than 1 day how many ..... *hrs.or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Bellevue

10. NAME OF FATHER Wm Shaffer

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Alice Peterson

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Shaffer
(Address) Bellevue Ida

15. Filed Nov 20 1912 [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1912, to Nov 10 1912 that I last saw her alive on 10th 1912, and that death occurred on the date stated above, at 9 a.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Allen M. D.

Nov 11 1912 (Address) Bellevue Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bellevue

DATE OF BURIAL: Nov 12 1912

20. UNDERTAKER: R D Harris

ADDRESS: Hailey

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Carey
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2025
(No. ....., ... St.)

File No. 3443
Registered No. 624

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Grace Mable Wright

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married M

6. DATE OF BIRTH: Dec 31 (Month) (Day) 1878 (Year)

7. AGE: 33 yrs. 10 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Beaver County, Utah

10. NAME OF FATHER: Henry Harris

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Winifred Ethle Casey

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos. W. Wright
(Address) Carey, Idaho

15. Filed Nov 20 1912 — Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5th 1912 to Nov 11 1912
that I last saw her alive on Nov 11 1912,
and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Miscarriage, menorrhagia,
Hemorrhage,
Embolism,

5 da (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Fox M. D.
Nov 11 1912 (Address) Carey, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Carey, Idaho — DATE OF BURIAL: Nov 13 1912

20. UNDERTAKER: Jno. Farnworth — ADDRESS: Carey, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Moore (No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 21
Primary Registration District No. 2024

File No. 3444
Registered No. 63

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Arid Cartmell Jr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 30 (Day), 1900 (Year)

7. AGE: 17 yrs. 3 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Colorado.

10. NAME OF FATHER: William Arid Cartmell

11. BIRTHPLACE OF FATHER (State or Country): Ind.

12. MAIDEN NAME OF MOTHER: Jennie Davis

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. R. Cartmell
(Address) Moore, Ida.

15.
Filed Nov 4 1917 D W Matthews M. D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 3 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from ____ 191__, to ____ 191__ that I ~~last saw~~ did not see him alive on ____ 191__, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Gun shot wound in right side + accidental discharge of boys own gun.
Shot (Duration) 1 hr. yrs. ____ mos. ____ ds.
Contributory (Secondary) Rupture heart or large blood vessels.
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) D W Matthews M. D.
Nov 4 1917 (Address) Moore, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death, ... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moore. Casting
DATE OF BURIAL: Nov 5 1917

20. UNDERTAKER: A. R. Cartmell
ADDRESS: Moore, Ida.

WYMS-YORK CO., PRINTERS & RINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3446
Registered No. 73

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
Registration District No.
Primary Registration District No.
(No. Fell, Hospital St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Lucinda Monroe Faulmer
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widow

6. DATE OF BIRTH: April (Month) 9 (Day) 1855 (Year)

7. AGE: 57 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ogden Utah

10. NAME OF FATHER: M. Monroe

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Lucinda Bosombark

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. M. Faulmer
(Address) Dempsey

15. Filed 9/5 1912 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1912, to Sept. 4 1912, that I last saw her alive on Sept. 4 1912 and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Parenchymatous nephritis

(Duration) — yrs. 2 mos. — ds.

Contributory (Secondary)
(Duration) — yrs. 2 mos. — ds.

(Signed) Fred Roberts M. D.
Sept. 5 1912 (Address) Pocatello

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos. 1 ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Tolna Idaho

19. PLACE OF BURIAL OR REMOVAL: Dempsey Idaho
DATE OF BURIAL: Sept 5 1912

20. UNDERTAKER: T. M. Walker
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3447
Registered No. 17

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. 357, So 2nd Ave. St.)
Registration District No. 19
Primary Registration District No. 1602
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Jude Williams
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married
6. DATE OF BIRTH: Feby 4 1840 (Month) (Day) (Year)
7. AGE: 72 yrs. 7 mos. 2 ds. IF LESS than 1 day how many.....hrs. or .....min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): England.
10. NAME OF FATHER: Joseph Williams
11. BIRTHPLACE OF FATHER (State or Country): England.
12. MAIDEN NAME OF MOTHER: Amelia Jones.
13. BIRTHPLACE OF MOTHER (State or Country): England.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Williams
(Address) 666 So 2nd Ave.
15. Filed 9/7 1912 Chas D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 6 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept 1. 1912, to Sept. 6th 1912 that I last saw him alive on Sept 6th 1912 and that death occurred on the date stated above, at 9: P M.
The CAUSE OF DEATH* was as follows:
Dilatation of heart due to nephritis (6)
(Duration) 2 yrs. 1 mos. 12 ds.
Contributory nephritis
(Secondary)
(Duration) 2 yrs. 1 mos. 12 ds.
(Signed) O B Hess, M. D.
Sept 7 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello cemetery — DATE OF BURIAL: Sept 9 1912
20. UNDERTAKER: W W Mackay — ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3448
Registered No. 77

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. 906 N. Main St.)
Registration District No. 19
Primary Registration District No. 1002
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Margaret Miller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: March (Month) 15 (Day) 1834 (Year)

7. AGE: 78 yrs. 5 mos. 23 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: ✓

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. L. Miller
(Address) Lorenzo Idaho

15. Filed 9/10 191[illegible] Chas. P. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1912, to Sept 7 1912
that I last saw her alive on June 2 1912
and that death occurred on the date stated above, at 6 30 P.M.
The CAUSE OF DEATH* was as follows:
Cardiac Dilatation due to senility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. P. Black M. D.
Sept 10, 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Logan Utah
DATE OF BURIAL: Sept 1912

20. UNDERTAKER: P. D. Walker
ADDRESS: Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3449

Registered No. 75

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1062
(No. 707, N. Buchanan St.)

2. FULL NAME George Carroll Blizzard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 12 (Day) 1891 (Year)

7. AGE: 20 yrs. 9 mos. 2 ds. IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Trinidad Col.

10. NAME OF FATHER: George D. Blizzard

11. BIRTHPLACE OF FATHER (State or Country): New Jersey.

12. MAIDEN NAME OF MOTHER: Ella Naylor.

13. BIRTHPLACE OF MOTHER (State or Country): Kansas Ills.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. A. Bruce
(Address) Pocatello Ida

15. Filed 9/13 191[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 1st (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 8 191[illegible], to Sept 14th 191[illegible]
that I last saw him alive on Sept 14th 191[illegible]
and that death occurred on the date stated above, at 1:30 A. M.
The CAUSE OF DEATH* was as follows:
Tuberculosis - pleura

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Smith Doggett M. D.
Sept. 13 191[illegible] (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Pocatello cemetery
DATE OF BURIAL: ..... 191[illegible]

20. UNDERTAKER: D. D. Mackay
ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 1714

Form V. S. No. 5 20M.1-16-12

CERT[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3450

Registered No. [illegible]

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock.

City of Pocatello

Registration District No. [illegible]

Primary Registration District No. [illegible]

(No. 152, N. 2nd Ave. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Beulah Freeman.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 24 (Day) 1876 (Year)

7. AGE: 35 yrs. 8 mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer): /

9. BIRTHPLACE (State or Country): St Louis Mo

10. NAME OF FATHER: /

11. BIRTHPLACE OF FATHER (State or Country): /

12. MAIDEN NAME OF MOTHER: /

13. BIRTHPLACE OF MOTHER (State or Country): /

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Frank Alexander
(Address) 339 N 4th Ave.

15.
Filed 9/17 191[illegible] Earl D Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 14th (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 4 191[illegible], to Sept. 14 191[illegible], that I last saw her alive on Sept 14 191[illegible], and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Sept. 15 1917 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: Sept 18 191[illegible]

20. UNDERTAKER: [illegible] ADDRESS: Pocatello

BYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3451

Registered No. .....

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Bannock

City of Pocatello

If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....

Primary Registration District No. .....

(No. 405, Dr. Garfield St.)

2. FULL NAME Geo E. Gray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: July (Month) 26 (Day) 1867 (Year)

7. AGE: 45 yrs. 1 mos. 22 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Attorney at Law
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Santa Fe

10. NAME OF FATHER: Hope David Gray.

11. BIRTHPLACE OF FATHER (State or Country): New York state

12. MAIDEN NAME OF MOTHER: Hattie Nash

13. BIRTHPLACE OF MOTHER (State or Country): New York state

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo E. Gray
(Address) 405 So Garfield

15. Filed 9/18 1912 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1912, to Sept 17 1912, that I last saw him alive on Sept 16 1912, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. One ds.

Contributory (Secondary) .....

(Duration) — yrs. — mos. — ds.

(Signed) W. F. Howard M. D.

9/18/1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt View Cemetery | DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: W. B. Walker | ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 19
Primary Registration District No. 1002
File No. 3452
Registered No. 81

1. PLACE OF DEATH.
County of Canyon
City of Port Neuf Valley
(No. Ranch. St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elisha V. Campbell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March 27 1841 (Month) (Day) (Year)

7. AGE: 71 yrs. 5 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York.

10. NAME OF FATHER: Belonie Campbell.

11. BIRTHPLACE OF FATHER (State or Country): /

12. MAIDEN NAME OF MOTHER: /

13. BIRTHPLACE OF MOTHER (State or Country): /

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Belonie Campbell
(Address) Port Neuf Siding

15.
Filed 9/20 191? Earl D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 19 191? (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...,
that I last saw him alive on Sept 19 191?,
and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Senile dilatation of heart X

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) O. B. Steely M. D.
9-20 1911 (Address) Pocatello, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View cemetery | DATE OF BURIAL: Sept 20 191?

20. UNDERTAKER: P. W. Walker | ADDRESS: Pocatello Ida

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3453

Registered No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. Gen Hospital St.)

2. FULL NAME Chauncey N. Ray

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: January (Month) 14th (Day) 1871 (Year)

7. AGE: 41 yrs. 8 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Chauncey Ray

11. BIRTHPLACE OF FATHER (State or Country): /

12. MAIDEN NAME OF MOTHER: /

13. BIRTHPLACE OF MOTHER (State or Country): /

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Charles F. Ray
(Address) 237 W. Bridger

15.
Filed 9/22 191 2 Earl D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 2nd 191 , to Sept 20 1912, that I last saw h[illegible] alive on Sept 20 1912 and that death occurred on the date stated above, at 4:30 M.

The CAUSE OF DEATH* was as follows:
Sarcomoma involving glands & abdominal organs.

(Duration) yrs. mos. ds.

Contributory (Secondary) Duration

(Duration) yrs. mos. 18 ds.

(Signed) Tony H. Waddell M. D.

Sept 21 19 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery — DATE OF BURIAL: Sept 22 1912

20. UNDERTAKER: W. Reese — ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bannock — Registration District No. 19

City of Pocatello — Primary Registration District No. 1062

(No. ....., ... St.)

File No. 3451

Registered No. 93

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Grant

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

6. DATE OF BIRTH: Sept 22 (Month) (Day) 1872 (Year)

7. AGE: 40 yrs. — mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter &
(b) General nature of industry business, or dstablishment in which employed (or employer): Contractor

9. BIRTHPLACE (State or Country): Scotland

10. NAME OF FATHER: Jas Grant

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Jessie

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine A. Grant

(Address) Pocatello

15. Filed 9-24 1912 Earl D Jones a. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 23rd (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1912, to Sept 23rd 1912, that I last saw him alive on Sept 22nd 1912 and that death occurred on the date stated above, at 6:20 a. M.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

was dead when I arrived

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H A Castle M. D.

Sept 24 1912 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida — DATE OF BURIAL: Sept 24 1912

20. UNDERTAKER: P. C. Silver — ADDRESS: Pocatello Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1
Primary Registration District No. 1
File No. 3455
Registered No. 1

1. PLACE OF DEATH.
County of Bannock
City of Pocatello (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME S T Flores
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1872 (Year)

7. AGE: 40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sheep Herder
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Old Mexico

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Old Mexico

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Old Mexico

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. C. Silver
(Address) Pocatello, Ida

15. Filed 9/26 1912 Earl D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. 27 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23rd 1912, to Sept. 27 1912, that I last saw h— alive on Sept. 26 1912, and that death occurred on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:
My Cousin.

(Duration) — mos. 1 ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) X Louis Lopez M. D.
Sept. 26 1912 (Address) Pocatello Idaho

State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. 1 days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida — DATE OF BURIAL: Sept 27 1912

20. UNDERTAKER: Percy C. Silver — ADDRESS: Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3456

Registered No. 65

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 1

County of Bannock

City of Pocatello (No. 605, N. Garfield St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Julia Stratford Budge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: September (Month) 20th (Day) 1839 (Year)

7. AGE: 73 yrs. — mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: George Stratford

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Eliza Barwell

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse R. D. Budge
(Address) Pocatello, Idaho

15. Filed Sept 28 1912 A W Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 27th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1912, to Sept. 27 1912, that I last saw h[illegible] alive on Sept. 27 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(Duration) ... yrs. 1 mos. ... ds.

Contributory (Secondary) Dilated Heart Myocarditis

(Duration) ... yrs. ... mos. 4 ds.

(Signed) H. Smith M.D. M. D.

(Address) Pocatello Idaho

Sept 28 1912

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Logan Utah DATE OF BURIAL: Sept 28 1912

20. UNDERTAKER: [illegible] ADDRESS: Pocatello Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3457

Registered No. 86

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1

Primary Registration District No. 8

(No. Jul., No. Bita St.)

2. FULL NAME Leydia G. Fullmer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH

Feby (Month) 4 (Day) 1886 (Year)

7. AGE

26 yrs. 7 mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry business, or datablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Utah

10. NAME OF FATHER C. J. Gustaveson

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Annie Anderson

13. BIRTHPLACE OF MOTHER (State or Country) Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. M. Fullmer

(Address) Dewbury Ida

15. Filed 9/29 191 Rad Dyer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 22 191 , to Sept. 28 191 ; that I last saw h alive on Sept. 28 191 ; and that death occurred on the date stated above, at M.

The CAUSE OF DEATH was as follows: Carried by the Pneumonia Old Age F

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) A. Smith M. D.

Sept. 28 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Dempsey, Ida — DATE OF BURIAL ..... 191...

20. UNDERTAKER W. S. Wacker — ADDRESS Pocatello

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

File No. 3458
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Samuel H. Thompson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) (Day) 1864 (Year)

7. AGE: 46 yrs. 8 mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Almond H.

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Truelove Ward

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Watson L Thompson
(Address) Vernal Utah

15.
Filed 9/30 191[illegible]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 28 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 191[illegible], to Sept. 25 191[illegible],
that I last saw h[illegible] alive on Sept 25 191[illegible]
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows: Bronchitis Chronic

(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
Sept 25 19 12 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida. | DATE OF BURIAL: Sept 27 191[illegible]
20. UNDERTAKER: [illegible] | ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 26

Primary Registration District No. 1010

File No. 3459

County of Washington

City of Weiser (No. West Idaho St.)

Registered No. 365

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ole H. Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) – 4 (Day) – 1 (Year)

7. AGE: 23 yrs. 8 mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Weiser, Idaho

10. NAME OF FATHER: Robert H. Johnson

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Anna E. Shaw

13. BIRTHPLACE OF MOTHER (State or Country): State of Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Waldrop
(Address) Weiser, Idaho

15.
Filed Nov 15th 1912 W. R. Kinnaird Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) – 16 (Day) – 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h im alive on Nov-16- 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows: Revolver wound in head Suicide

(Duration) — yrs. — mos. — ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. W. Bowen, Coroner. M. D.

11/18 1912 (Address) Weiser, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser, Idaho — DATE OF BURIAL: 11/19 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 1976O

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3460
Registered No. 64

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 10 10
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Ann E. Robinson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May (Month) 26 (Day) 1830 (Year)

7. AGE: 82 yrs. 5 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Mr Pennell

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. I. Meachem
(Address) Weiser Ida

15. Filed Nov 13 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1912, to Nov 13 1912
that I last saw her alive on Nov 12 1912
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Duodenum

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James A Young M. D.
Nov 13. 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Clarinda Ia.
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 1010
(No. ....., ... St.)

File No. 3461
Registered No. 63

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Della R. Ball.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 29 (Day) 1881 (Year)

7. AGE: 31 yrs. 6 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: G. L. Robinson

11. BIRTHPLACE OF FATHER (State or Country): California

12. MAIDEN NAME OF MOTHER: Rosa Overacker.

13. BIRTHPLACE OF MOTHER (State or Country): Kansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. L. Robinson
(Address) Weiser Ida

15.
Filed Nov 9th 1917 — M. L. Hamilton — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 9th (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3. 1917, to November 9 1917
that I last saw h er alive on Nov 8. 1917
and that death occurred on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:
Mitral insufficiency

(Duration) 4 or 6 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James A Young M. D.
Nov 9 1917 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Weiser Gen. Hospital In the City of Weiser, Ida.
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? following Rheumatism
Former or usual residence. Near Johnnington, Oregon.

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida — DATE OF BURIAL: Nov 11 1917

20. UNDERTAKER: L. C. Northcraft — ADDRESS: Weiser

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

26 58

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3463
Registered No. 67

1. PLACE OF DEATH.
County of Washington
City of Cambridge
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 2114
(No. 12 miles Southeast St.)

2. FULL NAME Elizebethe Stuart

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed

6. DATE OF BIRTH: January (Month) 12 (Day) 1828 (Year)

7. AGE: 84 yrs. 11 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ohio.

10. NAME OF FATHER: Samuel Thompson

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Jane Adkins

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. W. Stuart
(Address) Cambridge Idaho

15. Filed Nov 22 1912 C E Schmuck Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 21 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1912, to Nov 21 1912
that I last saw her alive on Nov 21 1912
and that death occurred on the date stated above, at 6.35 P M.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation

(Duration) Unknown yrs. mos. ds.
Contributory (Secondary) La grippe
(Duration) yrs. 3 mos. ds.

(Signed) Simeon Hopper M. D.
Nov 22 1912 (Address) Cambridge, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Golden City — DATE OF BURIAL: Nov. 27 1912.

20. UNDERTAKER: J A [illegible] and R. W. Bowen — ADDRESS: Cambridge Weiser

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEAL
Bureau of Vital Stat

1. PLACE OF DEATH.
County of Washington
City of Cambridge

Registration District No. 26
Primary Registration District No. 214
(No. ....., ... St.)

File No. 3461
Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marjorie Courtwright

If death occurred in a hosp stitution or camp give its instead of street and num

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov (Month) 29 (Day) 1912 (Year)

7. AGE: 36 yrs. ..... mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: W W Tracy.

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C E Schmuck
(Address) Cambridge Ida.

15.
Filed Dec 1 1912
C E Schmuck
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 29 (Day) 1

17. I HEREBY CERTIFY, That I attended deceased
Nov 24 1912, to Nov 29 1
that I last saw her alive on Nov 29 1
and that death occurred on the date stated above, at 3
The CAUSE OF DEATH* was as follows:
Septic Infection following a
Abortion

(Duration) ..... yrs. ..... mos. 7
Contributory (Secondary) Septic Inf. perhaps produced b
(Duration) ..... yrs. ..... mos. 7
(Signed) C E Schmuck
Nov 30 1912 (Address) Cambridge

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, s MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institu Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos...
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cambridge Ida
DATE OF BUR: Dec 1 19

20. UNDERTAKER: Jas H H[redacted]n
ADDRESS: Cambridge I

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3466
Registered No. 79

1. PLACE OF DEATH.
County of Oneida
City of Preston

Registration District No. 18
Primary Registration District No. 219
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mildred Estella Edmiston

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: 6 (Month) 21 (Day) 1912 (Year)

7. AGE: ~~10~~ yrs. 3 mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: John Edmiston

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Estella Head

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Edmiston
(Address) Preston Ida

15. Filed Sept 30 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1912, to Sept 27 1912
that I last saw her alive on Sept 20 1912
and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:
Insanition
.....
.....
..... (Duration) 30 yrs. 3 mos. 1 ds.
Contributory (Secondary) Fed on artificial food & delicate at birth
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Allen R Curtis M. D.
Sept 28 1912 (Address) Preston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston Ida
DATE OF BURIAL: Sept 30 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3467
Registered No. 80

1. PLACE OF DEATH.
County of Oneida
City of Preston (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 219

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sophronia Tasker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow
6. DATE OF BIRTH: Nov (Month) 8 (Day) 1828 (Year)
7. AGE: 83 yrs. 11 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmers Wife
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): New York
10. NAME OF FATHER: Cyprian Allen
11. BIRTHPLACE OF FATHER (State or Country): New York "
12. MAIDEN NAME OF MOTHER: Allen
13. BIRTHPLACE OF MOTHER (State or Country): Mid Kansas
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Alice Pennell
15.
Filed Oct 22 1912 Preston Ida
Filed Nov 15 1912 G. C. [illegible] Local Registrar
D. Reg for Reg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 19th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from August 3rd 1912, to Aug 22 1912
that I last saw her alive on Aug 22 1912
and that death occurred on the date stated above, at — M.
The CAUSE OF DEATH* was as follows:
Nephritis (chronic) Complicated with asthma
..... (Duration) — yrs. — mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. S. Parkinson M. D.
10/9 1912 (Address) Preston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Richmond Utah	Oct 21 1912

20. UNDERTAKER	ADDRESS
P. J. Hansen	Preston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3468
Registered No. 81

1. PLACE OF DEATH.
County of Cassia
City of Rupert (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 219

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Soren C Miller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: 5 (Month) 29 (Day) 184? (Year)
7. AGE: 59 yrs. 5 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Stonmason
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Denmark
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (State or Country): Denmark
12. MAIDEN NAME OF MOTHER: Caroline Jensen
13. BIRTHPLACE OF MOTHER (State or Country): Denmark
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N C Miller
(Address) Preston Idaho
15. Filed Oct 31 1912 G C Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct-30 1912 (Month) 10 (Day) 30 (Year) 1912
17. I HEREBY CERTIFY, That I attended deceased from Oct-30 1912, to Oct-30 1912, that I last saw him alive on Oct-30 1912, and that death occurred on the date stated above, at 9 P M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) — yrs. — mos. 6 ds.
Contributory (Secondary) — (Duration) — yrs. — mos. — ds.
(Signed) Dr O A Canfield M. D.
Oct 31 1912 (Address) Preston Idah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Cemetery Ida — DATE OF BURIAL: Nov 2 1912
20. UNDERTAKER: D F Hanson — ADDRESS: Rupert Ida

Nov 13 1912 D C Rayfor Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Malbrook
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 2011
(No. ..... St.)

File No. 3469
Registered No. 87

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Eliza Christensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Fem	White	Married

6. DATE OF BIRTH: July (Month) 13th (Day) 1844 (Year)

7. AGE: 68 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: Jens Christen Daasdaar

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. W. Christensen
(Address) Malbrook Idaho

15. Filed Nov 16 1917 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 14th 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows: Asthma
No Physician in attendance

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Malbroak Ida	Nov 17 1917

20. UNDERTAKER	ADDRESS
D E Johnson	Malad Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3470

Registered No. 89

1. PLACE OF DEATH.

County of Shoshone

City of Burke, (No. Hecula Mine St.)

Registration District No. 28

Primary Registration District No. 10-11

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Walker.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: ~~Nov 17 1847~~ (Month) (Day) (Year)

7. AGE: 45 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England.

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward.
(Address) Wallace, Ida

15. Filed Nov. 19, 1912 H. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at about 2 P.M.

The CAUSE OF DEATH* was as follows:
Fell into Chute
Causing fracture
skull

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. R. Mowery M. D.
Nov 18 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Nov 20 1912

20. UNDERTAKER: H. P. Ward. ADDRESS: Wallace

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3471
Registered No. 8 2

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. Wallace Hospital St.)
Registration District No. 28
Primary Registration District No. 1011
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Bert Tallmear.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 27 (Day) 1888 (Year)

7. AGE: 24 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business or establishment in which employed (or employer): Hecla Mine.

9. BIRTHPLACE (State or Country): Jasper Mo.

10. NAME OF FATHER: H. L. Tallmear

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Edy Fisher

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. St. Jean
(Address) Wallace, Ida.

15. Filed Nov. 2, 1912 A. Leo Tinsley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1912, to Nov 2 1912 that I last saw him alive on Nov. 2 1912 and that death occurred on the date stated above, at 1350 M.

The CAUSE OF DEATH* was as follows:
Rupture of the liver by accident

(Duration) yrs. mos. 15 ds.
Contributory (Secondary) Thrombosis
(Duration) yrs. mos. 15 ds.

(Signed) J. E. St. Jean M. D.
Nov. 2. 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Wallace yrs. mos. ds. In the Hospital. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Jasper. Mo
DATE OF ~~BURIAL~~ Removal: Nov. 3, 1912

20. UNDERTAKER: H. P. Ward
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Wallace Hospital St.)
File No. 3472
Registered No. 83

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Mooney

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) (Year): 1

7. AGE: 60 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ontario Canada

10. NAME OF FATHER: Edwin Mooney

11. BIRTHPLACE OF FATHER (State or Country): Ontario Canada

12. MAIDEN NAME OF MOTHER: Bridget Powers

13. BIRTHPLACE OF MOTHER (State or Country): Ontario Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Hospital
(Address) Wallace Ida

15.
Filed Nov. 4, 1912
F. L. Douglas
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov. (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1912, to Nov. 1912
that I last saw him alive on Nov. 1 1912
and that death occurred on the date stated above, at 10 45 M.

The CAUSE OF DEATH* was, as follows:
Arterio Sclerosis & Bronchopneumonia.

(Duration) yrs. 3 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Dr. Mon Ellyn M. D.
Nov 4 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho.
DATE OF BURIAL: Nov 4 1912.

20. UNDERTAKER: B. F. Worstell.
ADDRESS: Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28

County of Shoshone Primary Registration District No. 10 11

City of Wallace (No. Providence Hospital St.)

File No. 3473

Registered No. 8 96

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John N Maknen,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	single

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 45 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Quartz Mines

9. BIRTHPLACE (State or Country) Finland

10. NAME OF FATHER Chas Maknen

11. BIRTHPLACE OF FATHER (State or Country) Finland

12. MAIDEN NAME OF MOTHER not given

13. BIRTHPLACE OF MOTHER (State or Country) Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amanda Macki,
(Address) Pine Creek, Idaho.

15. Filed Nov. 5, 1912 A. Lee Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. 3 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 1912, to Nov 3 1912
that I last saw h~~im~~ alive on Nov 3 1912
and that death occurred on the date stated above, at 11¾ M.

The CAUSE OF DEATH* was as follows: Syo-Pneumonia Hypostatic
Post Bronchial Asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Bronchial Asthma

..... (Duration) Years yrs. ..... mos. ..... ds.

(Signed) Dr. Mowery M. D.

Nov 4 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Providence Hosp. In the
..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pine Creek Idaho.	Nov. 6 1912
20. UNDERTAKER	**ADDRESS**
Bruce G. Worstell	Wallace, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3171
Registered No. 45

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elias E. Horst.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: July (Month) 20 (Day) 1854 (Year)
7. AGE: 58 yrs. 3 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miller by trade.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Lebanon. Pa.
10. NAME OF FATHER: Abraham Horst.
11. BIRTHPLACE OF FATHER (State or Country): Dont Know
12. MAIDEN NAME OF MOTHER: Katherine Shaffer
13. BIRTHPLACE OF MOTHER (State or Country):
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. St. Jean
(Address) Wallace Hospital
15. Filed Nov. 9, 1912 A. Leo Lemley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 8. (Day) 1912. (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1912, to Nov. 8 1912 that I last saw him alive on Nov 8. 1912 and that death occurred on the date stated above, at 5.45 P.M.
The CAUSE OF DEATH* was as follows:

Cancer of lower jaw.

(Duration) 10 yrs. — mos. — ds.
Contributory (Secondary) Tuberculosis
(Duration) ..... yrs. ..... mos. 1 ds.
(Signed) J. E. St Jean M. D.
Nov. 8 1912. (Address) Wallace Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace In the Wallace Hosp.
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Cataldo, Ida. DATE OF BURIAL: Nov. 9, 1912
20. UNDERTAKER: T. T. Ward ADDRESS: Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. Wallace Hospital St.)
Registration District No. 28
Primary Registration District No. 1011
File No. 3475
Registered No. 86
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Fern Mitchell.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.
6. DATE OF BIRTH: Aug. 17th 1892. (Month) (Day) (Year)
7. AGE: 20 yrs. 3 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None (schoolgirl)
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Anaconda. Mont.
10. NAME OF FATHER: G. L. Mitchell.
11. BIRTHPLACE OF FATHER (State or Country):
12. MAIDEN NAME OF MOTHER: Rose St Jean
13. BIRTHPLACE OF MOTHER (State or Country): Canada.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. E. St Jean
(Address) Wallace, Ida.
15. Filed Nov. 15 1912 T. Le Langley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. 15 1912. (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1912, to Nov. 15 1912 that I last saw her alive on Nov. 15 1912 and that death occurred on the date stated above, at 5.30 P.M.
The CAUSE OF DEATH* was as follows:
Bright's Disease.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
11/15 1912 (Address) T. Le Langley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace In the Wallace Hospital
of death ..... yrs ..... mos ..... ds. State ..... yrs ..... mos ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Warm Springs Mont DATE OF BURIAL: 11/16 1912
20. UNDERTAKER: H. P. Ward ADDRESS: Wallace, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Bowdrie Hospital St.)
File No. 3476
Registered No. 87
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
2. FULL NAME John N. Olson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 40 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. Leo Lundgren
(Address) Wallace Idaho

15. Filed Nov. 16, 1912 F. Leo Lundgren Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 14 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 191 , to Nov 14 191 that I last saw him alive on Nov 14 191 and that death occurred on the date stated above, at 5 00 P. M.

The CAUSE OF DEATH* was as follows:
Fracture of Skull.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Leo Lundgren M. D.
Nov 16 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: West Duluth, Minn. DATE OF BURIAL: Nov 17 1912

20. UNDERTAKER: H. P. Ward ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

STEVENS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3477
Registered No. 88

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 10 11
(No. Providence Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Victoria Constan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1845 (Year)

7. AGE: 67 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: John Allen

11. BIRTHPLACE OF FATHER (State or Country): Marysville, Michigan

12. MAIDEN NAME OF MOTHER: Julia Burke,

13. BIRTHPLACE OF MOTHER (State or Country): Amsbury, Canada.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Constan
(Address) Wallace, Idaho.

15.
Filed Nov. 19, 1912 F. Leo Zeigler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1912, to Nov 1912 that I last saw h er alive on Nov 17 1912 and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Endocarditis
with mitral regurgitation

..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Arteriosclerosis
..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Chas. R. Mowry M. D.
Nov 19 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Providence Hosp. In the ....0.... yrs. ....1.... mos. ..... ds.
State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual *residence*

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho.
DATE OF BURIAL: Nov. 20 1912

20. UNDERTAKER: Bruce G. Worstell
ADDRESS: Wallace.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28

County of Shoshone Primary Registration District No. 1011

City of Wallace (No. Providence Hospital St.)

File No. 3478

Registered No. 90

If death occurs away from usual residence, give facts called for under special information.

[redacted] Infant of

2. FULL NAME Mr. & Mrs. J. Monahan,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH 11 (Month) 14 (Day) 1912. (Year)

7. AGE ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wallace, Idaho.

10. NAME OF FATHER J. Monahan,

11. BIRTHPLACE OF FATHER (State or Country) New Jersey

12. MAIDEN NAME OF MOTHER Mary Russell

13. BIRTHPLACE OF MOTHER (State or Country) Wisconsin.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Providence Hospital
(Address) Wallace, Idaho.

15. Filed Nov 22 1912 St. Leo Dougherty
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h... alive on — 191...
and that death occurred on the date stated above, at — P.M.

The CAUSE OF DEATH* was as follows:
Premature Birth
5 mo.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Mowry M. D.

Nov 15 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho. DATE OF BURIAL: Nov. 16 1912

20. UNDERTAKER: Bruce G. Worstell ADDRESS: Wallace,

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form [illegible] No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. [illegible]E OF DEATH.
County [illegible]shone
City of [illegible]ace

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

File No. 3479
Registered No. 91

If death occurs aw[illegible] ual residence, give fa[illegible] for under special infor[illegible]

FULL NAME J. B. Ferguson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL [illegible]D STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 21st (Day) 1841 (Year)

7. AGE: 71 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Shelbyville, Ill.

10. NAME OF FATHER: Aaron Ferguson.

11. BIRTHPLACE OF FATHER (State or Country): N. Carolina

12. MAIDEN NAME OF MOTHER: Susan Mottow.

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Hospital
(Address) Wallace, Ida.

15. Filed Nov. 22, 1912 T. Leo Dunphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. 16 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1912, to Nov. 16 1912
that I last saw him alive on 15 1912
and that death occurred on the date stated above, at 5a M.
The CAUSE OF DEATH* was as follows:
Carcinoma of neck

(Duration) 2 yrs. 3 mos. — ds.
Contributory (Secondary) Cachexia
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. A. Dethman M. D.
Nov 22 1912 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Id.
DATE OF BURIAL: 11/22 1912.

20. UNDERTAKER: Bruce G. Mantell
ADDRESS: Wallace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier

Registration District No. 24
Primary Registration District No. 2098
(No. ....., ... St.)

File No. 3480
Registered No. 48

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jacob Kenz

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 22nd (Day) 1838 (Year)

7. AGE: 76 yrs. 11 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: Jacob Kenz

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Kohler

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John J. Kenz
(Address) Montpelier

15.
Filed Nov 1 — 1912
J. W. Lingwood
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 4 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1912, to Nov 4 1912
that I last saw h[illegible] alive on Nov 3 1912
and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Senile [illegible]

— (Duration) — yrs. — mos. — ds.
Contributory (Secondary) [illegible]
— (Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.
Nov 6 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 73 yrs. ..... mos. ..... ds.
In the State 23 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Montpelier
DATE OF BURIAL: Nov. 7 1912

20. UNDERTAKER: None.
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24
Primary Registration District No. 2098
(No. ....., ... St.)

File No. 3481
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Elias Hyman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: May 15th 1882 (Month) (Day) (Year)

7. AGE: 30 yrs. 8 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Housework

9. BIRTHPLACE (State or Country) Russia Russia

10. NAME OF FATHER M. L. Schneider

11. BIRTHPLACE OF FATHER (State or Country) Russia Russia

12. MAIDEN NAME OF MOTHER Lea

13. BIRTHPLACE OF MOTHER (State or Country) Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Hyman
(Address) Montpelier

15. Filed Nov 20 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16th 1912, to Nov 19th 1912, that I last saw h[illegible] alive on Nov 19th 1912, and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:
Puerperal fever
[illegible] (Duration) [illegible] yrs. [illegible] mos. 3 ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. M. Reynolds M. D.
19 ..... (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 5 yrs. ..... mos. ..... days. In the State 5 yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence N. Y.

19. PLACE OF BURIAL OR REMOVAL: New York State | DATE OF BURIAL: 11/20 1912

20. UNDERTAKER: J. S. Sullar | ADDRESS: Evanston, Wyo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3482
Registered No. 44

1. PLACE OF DEATH
County of Fremont (Bon Lake) Registration District No. 24
City of Geneva (No. ....., ... St.) Primary Registration District No. 2100

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Heronoine Jeuschat

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female (Male)
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 19 (Day) 1912 (Year)
7. AGE: 9 weeks yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Montpelier Idaho
10. NAME OF FATHER: Joseph Jeuschat
11. BIRTHPLACE OF FATHER (State or Country): Paris France
12. MAIDEN NAME OF MOTHER: Jeno Anderson
13. BIRTHPLACE OF MOTHER (State or Country): Virginia
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Jeuschat
(Address) Raymond, Idaho
15.
Filed Dec. 5, 1912 J. W. Heyward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 25 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1912, to Nov 25 1912, that I last saw h[illegible] alive on Nov 19 1912 and that death occurred on the date stated above, at 8 a M.
The CAUSE OF DEATH* was as follows:
(a) Pneumonia (Croupous)
(b) .....
(c) .....
..... (Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Wm Poynter M. D.
Nov 26 1912 (Address) Montpelier Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Geneva
DATE OF BURIAL: Dec. 1st 1912.
20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2091 File No. 3483
City of Bloomington (No. ....., ... St.) Registered No. 43

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME David Robuls

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Feb. (Month) 24 (Day) 1844 (Year)

7. AGE: 68 yrs. 8 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Samuel Roberts

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Elizbeth Mother

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Evans
(Address) Bloomington

15. Filed Nov 1 - 1912 J. W. Hayward Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1912, to Nov 11 1912
that I last saw him alive on Nov 6 1912
and that death occurred on the date stated above, at 6.25 PM

The CAUSE OF DEATH* was as follows:
Diabetis Mellitis with
Interstitial Nephritis

(Duration) 1 yrs. 6 mos. ..... ds.
Contributory (Secondary) Myocarditis
(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. W. Hayward M. D.
Nov 11 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL ..... 191...

20. UNDERTAKER: none ADDRESS: none

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 23484
Registered No. 23

1. PLACE OF DEATH.
County of Custer
City of Challis
Chalis Hospital
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 14
Primary Registration District No. 3061
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frank Waughter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH Don't know 1856
(Month) (Day) (Year)

7. AGE 56 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... stage driver
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Don't know.

10. NAME OF FATHER Don't know.

11. BIRTHPLACE OF FATHER (State or Country) Don't know

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (State or Country) Don't know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank McKennon
(Address) Challis

15.
Filed Nov 20th 1912 C. L. Kirby
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. 18 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1912, to Nov 18 1912
that I last saw him alive on Nov. 18 1912
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:
Neck on abdomen by horse. (accidental)

..... (Duration) — yrs. — mos. — ds.
Contributory Peritonitis
(Secondary)
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jno Kelley M. D.
Nov 19 1917 (Address) Challis

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 3 ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Don't Know.
Former or usual residence Challis
Challis, Ida.

19. PLACE OF BURIAL OR REMOVAL Challis
DATE OF BURIAL 1912

20. UNDERTAKER J. L. Colberty
ADDRESS Challis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Custer
City of Challis

Registration District No. 14
Primary Registration District No. 2061
(No. ....., ... St.)

File No. 3485
Registered No. 29

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Mock.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Do not know (Month) (Day) 1861 (Year)

7. AGE
51 yrs. ? mos. ? ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Germany

10. NAME OF FATHER Donot know

11. BIRTHPLACE OF FATHER (State or Country) Germany

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. McGowan
(Address) Challis

15.
Filed Dec. 3rd. 1912 C. L. Kirtley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. 3rd. 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27th. 1912, to Dec. 3rd. 12 191 that I last saw him alive on Dec. 3rd. 12 191 and that death occurred on the date stated above, at 7.15 M.

The CAUSE OF DEATH* was as follows:

Peritonitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Strangulated hernia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) C. L. Kirtley M. D.
DEC. 3 1912 (Address) Challis Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Challis Idaho
DATE OF BURIAL: Dec. 4 191

20. UNDERTAKER: J. L. Ebberts
ADDRESS: Challis.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Custer
City of Challis

Registration District No. 14
Primary Registration District No. 2061
(No. ....., ... St.)

File No. 3486
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Duncan Cameron

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec 4 1829 (Month) (Day) (Year)

7. AGE: 84 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Canada.

10. NAME OF FATHER: Wm. Cameron

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Doub Knowe

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Cameron
(Address) Challis

15.
Filed 12/4 1912
P. L. Kirtley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 4 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1912, to Dec 4 1912
that I last saw h-im alive on Dec 3 1912
and that death occurred on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:
Myocarditis
Chronic Bronchitis

(Duration) 1 yrs. — mos. — ds.
Contributory (Secondary): old age
(Duration) — yrs. — mos. — ds.

(Signed) J. W. Kelley M. D.
Dec 4 1912 (Address) Challis

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Challis Ida
DATE OF BURIAL: Dec 6th 1912

20. UNDERTAKER: J. L. Eberts
ADDRESS: Challis

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 23487
Registered No. 31

1. PLACE OF DEATH.
County of Custer
City of Pass Creek
Registration District No. 14
Primary Registration District No. 2064
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ezra Johnston Hilts. (Hilts)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	Wh.	Married (Write the word)

6. DATE OF BIRTH November 23 1852
(Month) (Day) (Year)

7. AGE 60 yrs. 0 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Saw Mill Owner and
(b) General nature of industry business or establishment in which employed (or employer): Worker.

9. BIRTHPLACE (State or Country) Ontario, Canada.

10. NAME OF FATHER Peter Hilts.

11. BIRTHPLACE OF FATHER (State or Country) Canada.

12. MAIDEN NAME OF MOTHER Jean Klaughlas Jamison.

13. BIRTHPLACE OF MOTHER (State or Country) Scotland.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. P. Richards
(Address) Mackay, Idaho.

15.
Filed Dec 6th 1912 C. T. Hartley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH November 27 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart.
(Found dead - Coroner's Case)
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory Chronic Myocarditis - Arteriosclerosis.
(Secondary)
..... (Duration) Several yrs. ..... mos. ..... ds.
(Signed) F. P. Richards — M. D.
11/30 1912 (Address) Mackay, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mackay, Idaho — DATE OF BURIAL: 12/1/1912

20. UNDERTAKER: C. F. Baker, F.E.&E. — ADDRESS: Mackay, Id.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3491
Registered No. 133

1. PLACE OF DEATH.
County of Ada County
City of .....
(No. ....., ... St.)

Registration District No. 15
Primary Registration District No. 762

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chas. W. Herman

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: October (Month) 21 (Day) 1847 (Year)

7. AGE: 65 yrs. 1 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry business or establishment in which employed (or employer): Gardening

9. BIRTHPLACE (State or Country): Detroit Michigan

10. NAME OF FATHER: Frederick J. Herman

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Fredericka

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Herman
(Address) Genesee Idaho

15.
Filed 11-18 1912 W. F. Green
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1912 to Nov 16 1912 that I last saw h— alive on Nov 16 1912 and that death occurred on the date stated above, at 6a M.

The CAUSE OF DEATH* was as follows:
Post Operative Shock
..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Strangulated Hernia
..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. F. Green M. D.
11-18 1912 (Address) Genesee

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Genesee
DATE OF BURIAL: 11-18 1912

20. UNDERTAKER: F. E. Lambert
ADDRESS: Genesee Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 3492
Registered No. 131
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Winnie Mary Knight

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 29 (Day) 1911 (Year)

7. AGE: 1 yrs. 4 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Eli Knight

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Dora Miller

13. BIRTHPLACE OF MOTHER (State or Country): Oklahoma

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eli Knight
(Address) Potlatch Idaho

15. Filed Nov 20 1912 — [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1912 to Nov 20 1912
that I last saw her alive on Nov. 19 1912,
and that death occurred on the date stated above, at 1:45 A M.

The CAUSE OF DEATH* was as follows:
Shock following burn

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Caspiar M. D.
Nov. 20 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Potlatch, Idaho. DATE OF BURIAL: Nov 21 191...

20. UNDERTAKER: Geo. Stacy ADDRESS: Moscow.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1668
(No. ....., ... St.)

File No. 3493
Registered No. 139
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME C A Turnbow

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Sept 29 1837 (Month) (Day) (Year)
7. AGE: 35 yrs. 2 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Parlowan, Wash
10. NAME OF FATHER: John Turnbow
11. BIRTHPLACE OF FATHER (State or Country): Kentucky
12. MAIDEN NAME OF MOTHER: Eliza Harpel
13. BIRTHPLACE OF MOTHER (State or Country): Ill
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) L L Swenson
15. Filed Nov 21 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. 19- 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 17 1912, to Nov 19- 1912 that I last saw h[illegible] alive on Nov 19- 1912, and that death occurred on the date stated above, at 6-45 PM.
The CAUSE OF DEATH* was as follows:
Acute nephritis
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas L Swenson M. D.
Nov 19- 1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Moscow In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death? .....
Former or
usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pullman — DATE OF BURIAL: Nov 21 1912
20. UNDERTAKER: Geo Kelly — ADDRESS: Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. Corner of Fourth & Jackson St.)
2. FULL NAME [redacted] Obery

File No. 3491
Registered No. 729
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6. DATE OF BIRTH: (Month) Nov (Day) 13 1912 (Year)

7. AGE: 15 hours ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: No
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Moscow

10. NAME OF FATHER: Erich H Obery

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Minnie Peterson

13. BIRTHPLACE OF MOTHER (State or Country): White Rock S.D.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Erich H Obery
(Address) Moscow

15. Filed Nov 13 1912 S F Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11 – 1912, to Nov. 13 1912, that I last saw h[illegible] alive on Nov 13 1912, and that death occurred on the date stated above, at 3:20 P. M.

The CAUSE OF DEATH* was as follows:
Premature Birth; not the age of viability
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. L. Gichman M. D.
Nov. 13 1912 (Address) Moscow, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Nov 15 1912

20. UNDERTAKER: Geo Sletty
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3495
Registered No. 132

1. PLACE OF DEATH.
County of Latah
City of Moscow.
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Camelia Blyton

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female		Married

6. DATE OF BIRTH
September 12 1850
(Month) (Day) (Year)

7. AGE
62 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wisconsin

10. NAME OF FATHER David Darling

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Seymour Blyton
(Address) Palouse, Wash.

15. Nov 26 1912
Filed ..... 191 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
November 25 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 17 1912, to Nov - 23 - 1912, that I last saw her alive on Nov - 23 - 1912; and that death occurred on the date stated above, at 10:25 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(Duration) ..... yrs. ..... mos. 2 1 - ds.
Contributory (Secondary) Obstruction
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Gritman M. D.
11/25 1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Palouse Wash. DATE OF BURIAL: Nov 28 1912

20. UNDERTAKER: E Anderson ADDRESS: Palouse

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 1008
(No. ..... St.)

File No. 3496
Registered No. 181
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Esther Diehl

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	single

6. DATE OF BIRTH
Nov. (Month) 22 (Day) 1896 (Year)

7. AGE
16 yrs. mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Ida.

10. NAME OF FATHER Jas. Diehl

11. BIRTHPLACE OF FATHER (State or Country) Ore.

12. MAIDEN NAME OF MOTHER Edna Hutting

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. Diehl
(Address) 312 [illegible]

15.
Filed 12/10 1912
J. D. Drummond
J. N. Shepherd
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1912, to Nov 29 1912, that I last saw her alive on Nov 29th 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows: Tonsilitis
with secondary infection involving Larynx

(Duration) yrs. mos. 15 ds.

Contributory (Secondary)
(Duration) yrs. mos. 15 ds.

(Signed) A Hunter M. D.
Consultant.
19 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem — DATE OF BURIAL: Nov. 30 1912

20. UNDERTAKER: Cassidy & Nelson — ADDRESS: Coeur d'Alene

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 1003
(No. ..... St.)

File No. 3497
Registered No. 180
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Wm Porter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
..... 18?? .....
(Month) (Day) (Year)

7. AGE
88 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country) New York

10. NAME OF FATHER
✓

11. BIRTHPLACE OF FATHER
(State or Country)
✓

12. MAIDEN NAME OF MOTHER
✓

13. BIRTHPLACE OF MOTHER
(State or Country)
✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A R Miller
(Address) Coeur D'Alene

15.
Filed 12/10 1912
J. A. Sheppard
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov. 29th 1912
(Month) (Day) (Year)

17. I ~~HEREBY CERTIFY, That I attended deceased from~~
..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Wm Porter died without any medical attendant.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
19 ..... (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem	Nov 30 1912

20. UNDERTAKER	ADDRESS
Cassedy & Nilson	Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3498

Registered No. 79

1. PLACE OF DEATH.

Registration District No. 12

County of Kootenai

Primary Registration District No. 1003

City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Katherine Currie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Female	White	Single

6. DATE OF BIRTH

..... (Month) ..... (Day) 1907 (Year)

7. AGE

5 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION

(a) Trade, profession or particular kind of work .....

(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Wilhelm Currie

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed 12/10 1917 J. D. Sampson J. W. Shephard Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Nov. (Month) 27 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Nov. 27 1917 that I last saw h[er] alive on Nov 21 1917 and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Tumor of brain

..... (Duration) ..... yrs. 4 mos. ..... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Durgal M. D.

Nov 21 1917 (Address) Coeur d'Alene, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Thomas	11/29 1917
20. UNDERTAKER	**ADDRESS**
S Olsen	Cda

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3509
Registered No. 174

1. PLACE OF DEATH. Registration District No. 14
County of Kootenai Primary Registration District No. 1103
City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Laycock

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1[illegible] (Year)

7. AGE: 57 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Gardener
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): N.Y.

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife
(Address) 718 2nd St

15. Filed 12/10 191[illegible] J. H. Shephard Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to Nov 18 1912
that I last saw him alive on Nov 16 1912
and that death occurred on the date stated above, at 10 M.
The CAUSE OF DEATH* was as follows:
Cancer of stomach

..... (Duration) 2 yrs. — mos. — ds.
Contributory .....
(Secondary)
..... (Duration) — yrs. — mos. — ds.
(Signed) Jno. Beuby M. D.
Nov 19 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C'd'A — DATE OF BURIAL: Nov 21 1912

20. UNDERTAKER: S. Spencer — ADDRESS: C'd'A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE

Form V. S. No. 5 20M.1-10

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1/2
Primary Registration District No. 1003
(No. ..... St.)

File No. 3501
Registered No. 176
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Orbrey A Anderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Nov. (Month) 29 (Day) 1879 (Year)

7. AGE
37 yrs. 11 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Bartender
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Missouri

10. NAME OF FATHER L. R. Anderson

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs O G Anderson
(Address) Seattle 1114 6 Ave

15.
Filed 12/10 1917
Master Shipland
Local Registrar
A D Brennan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov 1 (Month) 14 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicid.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frank Irwin by M. D.
19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Elsmere Neb.	191...
20. UNDERTAKER	ADDRESS
Cassady & Nelson	Coeur D'Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½ M. 7-24-11

CERTIFICATE O[redacted] State of Idaho

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3502

Registered No. 175

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. 2051

County of Kootenai

City of Rathdrum (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Marshall

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Feby (Month) ? (Day) 1833 (Year)

7. AGE: 79 yrs. 9 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman & Labor
(b) General nature of industry business or establishment in which employed (or employer): Stockraiser

9. BIRTHPLACE (State or Country): Pre Cand

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. Wing

(Address) Rathdrum, Ida.

15. Filed Dec 10 1912 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 7th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1912, to Nov 7th 1912, that I last saw him alive on Nov. 6- 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary) Old age

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) F. Wing M. D.

11/8 1912 (Address) Rathdrum Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.

In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER: C E Bob & Son | ADDRESS: Rathdrum Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF [redacted]

1. PLACE OF DEATH. Registration District No. ..... Bureau of Vi...

County of Kootenai ..... Primary Registration District No. 2049 ..... File No. 3503

City of St Joe. (No. ....., ... St.) Registered No. 174

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Helen Liguria Conway Harris.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	married

6. DATE OF BIRTH Nov 5th 1882
(Month) (Day) (Year)

7. AGE 30 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife.
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Steuben Co N Y.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. C. Lindsay
(Address) St Joe Ida.

15. Filed Dec 16 1912 W. S. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov 5th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1912, to Nov 5th 1912 that I last saw h[illegible] alive on Nov 5th 1912 and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Acute obstruction of the bowels
Death following operation for above.
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. 13 ds.

(Signed) H. C. Lindsay M. D.
Nov 9 1912 (Address) St Joe Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Coming N Y DATE OF BURIAL Dec 10th 1912

20. UNDERTAKER H L [redacted] ADDRESS [redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D Alene

Registration District No. 14
Primary Registration District No. 1063
(No. ....., ... St.)

File No. 3504
Registered No. 174

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Vera Acton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the Word.)
Female	white	single

6. DATE OF BIRTH 1903
(Month) (Day) (Year)

7. AGE ..... 9 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... —
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kootenai, Idaho

10. NAME OF FATHER Charles Acton

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Minnie Penn

13. BIRTHPLACE OF MOTHER (State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C Acton
(Address) 1012 N 5th St

15. Filed 12/10 1912 D D Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov. 2 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1912, to Nov. 1912
that I last saw h[er] alive on Nov 1 1912
and that death occurred on the date stated above, at 5P M.
The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) Uncertain yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J C Dwyer M. D.
Nov 4 1912 (Address) Coeur d Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem C d A	Nov 4 1912
20. UNDERTAKER	**ADDRESS**
S J Lewis	C d A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

County of Kootenai

Primary Registration District No. 1663

File No. 3505

City of Rathdrum (No. ....., ... St.)

Registered No. 123

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Michael Fitzgerald

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan. (Month) 26 (Day) 1860 (Year)

7. AGE: 52 yrs. 9 mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Michael Fitzgerald

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary Berry

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Josephine Fitzgerald
(Address) Rathdrum Ida

15. Filed Dec 10 1912 D D Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1912, to ..... 191..., that I last saw him alive on Oct 13 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

(Duration) — yrs. 6 mos. — ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. [illegible] Cusick M. D.

10/25 1912 (Address) Rathdrum Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Cem Coeur d'Alene | DATE OF BURIAL: Oct 28 1912

20. UNDERTAKER: Conroy & Nelson | ADDRESS: Coeur D'Alene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

14

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No. 1663

File No. 3506

County of Kootenai

(No. ....., ... St.)

Registered No. 172

City of C. D A.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elmer Christian Olson

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct. (Month) 26 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ... 3 .. hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Alfred Olson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Minnie Foss

13. BIRTHPLACE OF MOTHER (State or Country): North Dakota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alfred Olson
(Address) 723 8th & Young

15.
Filed 12/10 1912 D D Drummond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ ..... 191 ~~—~~, to Oct. 26 1912, that I last saw him alive on Oct 26 1912, and that death occurred on the date stated above, at 11a M.

The CAUSE OF DEATH* was as follows:

[redacted] Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Oct 26 to 12 (Signed) J. Mayer M. D.
(Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C. D'A. | DATE OF BURIAL: Oct 27 1912

20. UNDERTAKER: Cassidy & Nelson | ADDRESS: Coeur D'Alene Ida.

SYMS - YORK CO., FTRS. & SDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3507
Registered No. 171

1. PLACE OF DEATH.
County of Kootenai
City of C d A

Registration District No. 12
Primary Registration District No. 1063
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Eliza Chase

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1850 (Year)

7. AGE: 62 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Norman

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Son
(Address) 1322 N 3rd C d A

15. Filed 12/10 1912
D D Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1912, to Oct 16 1912, that I last saw her alive on Oct 16 1912 and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic Bronchitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. O. Myers M. D.

Oct 18 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C d A — DATE OF BURIAL: Oct 19 1912

20. UNDERTAKER: S J Swan — ADDRESS: C d A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12

County of Kootenai Primary Registration District No. 105 3

City of Coeur d Alene (No. ....., ... St.)

File No. 3503

Registered No. 170

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME R W Marks

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	W	—

6. DATE OF BIRTH — — 1
(Month) (Day) (Year)

7. AGE about 50 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work Jockey
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) —

10. NAME OF FATHER —

11. BIRTHPLACE OF FATHER (State or Country) —

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (State or Country) —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hospital
(Address) Coeur d Alene

15. Filed 12/10 191 2 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct 13 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/11 191 2, to 10/13 191 2
that I last saw h..... alive on 10/12 191....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Concussion of Brain.

..... (Duration) ..... yrs. ..... mos. 3 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. A. Garland By Wm Lyle M. D.
10/16 191 2 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~ Forest Cem C'd'A DATE OF BURIAL Oct 17 1912

20. UNDERTAKER S J Lee ADDRESS C'd'A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3509
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 75
Primary Registration District No. 2108
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Della Merea Jessen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: April (Month) 14 (Day) 1 (Year)

7. AGE: 18 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Balcar Jessen

11. BIRTHPLACE OF FATHER (State or Country): Denmark

12. MAIDEN NAME OF MOTHER: Anna Johanne Mikkelsen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Anna Johanne Jessen
(Address) Mullan Ida.

15.
Filed Nov 4 1912 — F W Rolfe, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 2 (Day) 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 , to Nov 2 1912
that I last saw her alive on 2nd Nov 1912
and that death occurred on the date stated above, at 9.15 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Tuberculous Laryngitis
..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) F W Rolfe M. D.
Nov 4 1912 (Address) Mullan Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mullan . Ida.	Nov 5 1912
20. UNDERTAKER	**ADDRESS**
H. P. Ward.	Wallace Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Nov 10 - 1912 Dr. Chas. A. Dettman

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3510
Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Wallace (No. ....., ... St.)
Registration District No. 25
Primary Registration District No. 2108
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ernst Nelson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): not known. Sig?
6. DATE OF BIRTH: X (Month) X (Day) 1 X (Year)
7. AGE: 40 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): not known.
10. NAME OF FATHER: X
11. BIRTHPLACE OF FATHER (State or Country): X
12. MAIDEN NAME OF MOTHER: X
13. BIRTHPLACE OF MOTHER (State or Country): X
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. W. Ralph M.D.
(Address) Wallace Ida.
15.
Filed Nov 14 1912 F W Ralph Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw h——— alive on ——— 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicide. Carbolic acid
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. ~~PLACE OF BURIAL OR~~ REMOVAL: Removal Wallace Ida. DATE OF BURIAL: Nov 13 1912
20. UNDERTAKER: B. G. Worstell ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EVER-YORK CO., PRINTERS & BINDERS, BOISE

Dr. Chas. A. Wellman Coroner Case
Nov 19-1912

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 25
County of Shoshone Primary Registration District No. 2108
City of ~~Wallace~~, Mullan (No. Morning Precinct, Idaho, St.)
File No. 3511
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Tony Babnick,

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: male

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 23 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): Lead Mines

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: not given

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: not given

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. H. Kingsbury,
(Address) Wallace, Idaho.

15. Filed Nov 30 1912 D. Chas. A. Dittman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Nov 24 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at 1 a M.

The CAUSE OF DEATH* was as follows:
Fracture Skull

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Mowry M. D.
Nov 30 1912 (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mullan, Idaho.
DATE OF BURIAL: Nov. 25 1912

20. UNDERTAKER: Bruce G. Worstell
ADDRESS: Wallace.

Coroner Case

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 23
Primary Registration District No. 2020
(No. ....., ... St.)

File No. 3513
Registered No. 44

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Elmore
City of Soldiers Home, Ida.

2. FULL NAME Herman C. Estes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	white	single

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
24 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Laborer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Don't Know

10. NAME OF FATHER " "

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Easton, Coroner
(Address) Soldiers Home, Ida

15.
Filed Nov 8 1912 W. L. Fraser
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov 6th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Suicide — poison

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary) .....
— (Duration) — yrs. — mos. — ds.

(Signed) H. H. Easton, Coroner M. D.
Nov 8 1912 (Address) Soldiers Home, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Boise Idaho
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: J. M. Cowan
ADDRESS: Montalvin Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3514

Registered No. 43

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. Twenty

Primary Registration District No. 2020

County of Elmore

City of Mtn Home (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Charles L. Hopkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: — (Month) — (Day) 1858 (Year)

7. AGE: 54 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): California

10. NAME OF FATHER: James Hopkins

11. BIRTHPLACE OF FATHER (State or Country): Houston, England

12. MAIDEN NAME OF MOTHER: don't know

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred C. Hopkins
(Address) Mt. Home

15.
Filed Nov 8 1912 W. L. Fraser Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw him alive on Nov 5th 1912,
and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:
Heart lesion

— (Duration) — yrs. — mos. — ds.

Contributory (Secondary)

— (Duration) — yrs. — mos. — ds.

(Signed) W. F. Easton M. D.
11/8 1912 (Address) Coroners Mtn Home Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Home — DATE OF BURIAL: Nov 9 1912

20. UNDERTAKER: J. M. Conner — ADDRESS: Mt Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3515
Registered No. 42

1. PLACE OF DEATH.
County of Elmore
City of Mountain Home (No. ____, ____ St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 2D
Primary Registration District No. 2020

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Frederick Leayscraft

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
June 17 1837
(Month) (Day) (Year)

7. AGE
75 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) New York City

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John F Gaines
(Address) Mountain Idaho

15.
Filed Nov 18 1912 W. L. Trayis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Nov 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1912, to Nov 15 1912 that I last saw h[im] alive on Nov 15 1912, and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F S Hawley M. D.
Nov 18 1912 (Address) Mtn Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL ~~OR REMOVAL~~ Spoke Kansas | DATE OF BURIAL 191

20. UNDERTAKER J M Corra ADDRESS Mountain Home Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 12½ M. 7-24. [redacted]

1. PLACE OF DEATH. Registration District No. [redacted] Bureau of Vital Statistics

County of Bonner Primary Registration District No. 2039 File No. 3516

City of Blanchard (No. ....., ... St.) Registered No. 153

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert R. Friend

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 17 (Day) 1883 (Year)

7. AGE: 29 yrs. 9 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): Hazlewood Co.

9. BIRTHPLACE (State or Country): Maryland

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harris S. Moore M.D.
(Address) Spirit Lake, Idaho

15. Filed Dec 14 1912 M. McGinnon

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1912 to Dec 13 1912 that I last saw h[illegible] alive on Dec 12 1912 and that death occurred on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever [redacted]

..... (Duration) .....

Contributory .....

(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harris S. Moore M. D.

12-16 1912 (Address) Spirit Lake

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: — Maryland DATE OF BURIAL: — 191—

20. UNDERTAKER: [redacted] ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2533

File No. 3517

County of Bonner

City of Sandpoint (No. ....., St.)

Registered No. 134

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ethel B. Pratt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: July (Month) 27 (Day) 1891 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Maid.
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Cyprianus L. Pratt

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Isabella Jones

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. S. L. Pratt.
(Address) Libby, Mont.

15. Filed Dec 10 1912 M. McKenzie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 5th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5th 1912, to Dec 5th 1912; that I last saw her alive on Dec. 5th 1912, and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Corrosive Sublimate poisoning (suicidal)

(Duration) ..... yrs. ..... mos. 1/4 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E B Pallesen M. D.
12/8 1912 (Address) Sandpoint Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Libby, Mont.	Dec. 8, 1912

20. UNDERTAKER	ADDRESS
E. M. Brower,	Sandpoint, Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

County of Bonner.

Primary Registration District No. 2033

File No. 3518

City of Sandpoint. (No. ....., ... St.)

Registered No. 1253

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Chas Jerreau.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	white	single

6. DATE OF BIRTH

Exact date unknown 1
(Month) (Day) (Year)

7. AGE

42 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION

(a) Trade, profession or particular kind of work Sloonkeeper.

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE

(State or Country) Michigan.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Sandpoint, Idaho.

15.

Filed Dec 1st. 1912 M. Mckinnon.

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Nov, 28 1912. 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 191/, to Nov 28 1912,

that I last saw him alive on Nov 26 1912,

and that death occurred on the date stated above, at 5.1 M.

The CAUSE OF DEATH* was as follows:

Pneumonia following Abscess of Liver

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (Secondary) Abscess of Liver, Hemorrhage, Pneumonia, Lobar

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

191 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho.	Dec. 1 1912.

20. UNDERTAKER	ADDRESS
E. M. Brower.	Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sandpoint
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 8
Primary Registration District No. 2533
(No. ....., ... St.)

File No. 3519
Registered No. 152
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME J. J. Allard.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married.

6. DATE OF BIRTH: April (Month) 7, (Day) 1824. (Year)

7. AGE: 88 yrs. 7 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hunter and Trapper.
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: Unknown.

11. BIRTHPLACE OF FATHER (State or Country): do

12. MAIDEN NAME OF MOTHER: do

13. BIRTHPLACE OF MOTHER (State or Country): do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Allard.
(Address) Kootenai, Idaho.

15.
Filed Nov. 22, 1912 M. Mckinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November, (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1912, to Nov 21 1912, that I last saw h.im alive on Nov 9 1912, and that death occurred on the date stated above, at 1 a. M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. mos. 12 ds.

Contributory (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. P. Blackwood M. D.

12-9 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho.
DATE OF BURIAL: Nov. 23 1912

20. UNDERTAKER: E. M. Brower
ADDRESS: Sandpoint, Idaho

SYMS - YORK CO., PTRS. & RDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2033

File No. 3521

County of Bonner.

City of Sandp int, (No. ....., ... St.)

Registered No. 151

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ray Wren Folden.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6. DATE OF BIRTH: August, 23 1911.
(Month) (Day) (Year)

7. AGE: 1 yrs. 2 mos. 13 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sandpoint, Idaho.

10. NAME OF FATHER: James Folden.

11. BIRTHPLACE OF FATHER (State or Country): Norway.

12. MAIDEN NAME OF MOTHER: Anna Hilden.

13. BIRTHPLACE OF MOTHER (State or Country): Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Folden
(Address) Sandpoint, Idaho.

15. Filed Nov. 9, 1912 M. McKinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November, 6 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3 PM. Nov 6 1912, to ..... 191..., that I last saw h... alive on Nov 6 - 4 P.M. 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Brackenridge M. D.

12-9- 1912 (Address) Sandpoint Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho.	Nov. 10 1912

20. UNDERTAKER	ADDRESS
E. M. Brower.	Sandpoint, Ida.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.**

Registration District No. 8

Primary Registration District No. 7033

File No. 3521

Registered No. 150

County of Bonner.

City of Sandpoint, Idaho (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Peter Brugger.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single.

6. **DATE OF BIRTH**

Exact date unknown. 1
(Month) (Day) (Year)

7. **AGE**

40 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs.* or ..... *mins.?*

8. **OCCUPATION**

(a) Trade, profession or particular kind of work: Woodsman.

(b) General nature of industry business, or dstablishment in which employed (or employer): Wood cutter.

9. **BIRTHPLACE** (State or Country) Switzerland.

10. **NAME OF FATHER** Unknown.

11. **BIRTHPLACE OF FATHER** (State or Country) do

12. **MAIDEN NAME OF MOTHER** do

13. **BIRTHPLACE OF MOTHER** (State or Country) do

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Emil Brugger

(Address) Wm Knapp, Coroner.

15.

Filed Nov, 23 191 2 M. McKinnon.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH**

Nov. 5, 1912.
(Month) (Day) (Year) 191

17. **I HEREBY CERTIFY**, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Strangulation. Cuased by Hanging
By neck. Suicide.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Knapp M. D.

Nov 22 19 12 (Address) Hope, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho	Nov. 23 191 2

20. UNDERTAKER	ADDRESS
E. M. Brower	Sandpoint, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 9033
City of Kaelede Idaho (No. ....., ... St.)
File No. 3599
Registered No. 149

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Irving.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: about 65 years ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): Logger

9. BIRTHPLACE (State or Country): Born in Maine (2)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredk W. Dudin MD
(Address) Kaelede Idaho

15.
Filed Nov, 6, 1912 M. McKinnon.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at about 2 00 P. M.

The CAUSE OF DEATH* was as follows:
Cardiac Renal trouble
unable to work for his
heart for the last week
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fredk W. Dudin M. D.
Nov 4 1912 (Address) Kaelede Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho.
DATE OF BURIAL: Nov 7th 1912.

20. UNDERTAKER: E. M. Brower.
ADDRESS: Sandpoint, Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

County of Bonner

Primary Registration District No. 2033

City of Sandpoint.

(No. ....., ... St.)

File No. 3523

Registered No. 148

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Maxim Tuck.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH: December, 6, 1912.
(Month) (Day) (Year)

7. AGE: 1 yrs. 8 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sandpoint, Idaho.

10. NAME OF FATHER: Chas. Tuck.

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Jessie Hawkins.

13. BIRTHPLACE OF MOTHER (State or Country): California.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Hawkins

(Address) Sandpoint, Idaho.

15.

Filed Nov. 3, 1912 M. Mckinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 2, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to Nov 1 1912, that I last saw he alive on Nov 1 1912, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Phosphorus Poisoning — due to Eating Matches

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) Eating matches

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) M. Mckinnon M. D.

Nov 2 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint Idaho.	Nov. 4, 1912
20. UNDERTAKER E. M. Brower.	ADDRESS Sandpoint, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*) For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy", "Collapse," "Coma," "Convulsions," "Debility, ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis*," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

9 # 2

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. ____
County of Bonner. Primary Registration District No. 8
City of Laclede. (No. ____, 2033 St.)
File No. 352
Registered No. 147

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Martin Lenore

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 27 (Day) 1912 (Year)

7. AGE: No yrs. 5 mos. 2 ds. IF LESS than 1 day how many ____ hrs. or ____ min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ---
(b) General nature of industry business or establishment in which employed (or employer): ---

9. BIRTHPLACE (State or Country): Bonner County

10. NAME OF FATHER: Alex Lenore

11. BIRTHPLACE OF FATHER (State or Country): Montreal Canada

12. MAIDEN NAME OF MOTHER: Jennie Amsting

13. BIRTHPLACE OF MOTHER (State or Country): St Paul, Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredk W. Didier
(Address) Laclede, Idaho

15.
Filed Oct. 30, 1912 M. Mc Kinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____ 191__, to ____ 191__ that I last saw him alive on May 27, 1912, and that death occurred on the date stated above, at 8:30 A M.

The CAUSE OF DEATH* was as follows: Asthenia, Marasmus

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary): Weakly constituted

(Duration) ____ yrs. 5 mos. 2 ds.

(Signed) Fredk W Didier M. D.
Oct 29 1912 (Address) Laclede Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ____yrs ____mos ____ds. In the State ____yrs ____mos ____ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho.
DATE OF BURIAL: October 30 1912

20. UNDERTAKER: E. M. Brower.
ADDRESS: Sandpoint, Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner
City of Sacede

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 3525
Registered No. 146

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Carl Liljenberg

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.):

6. DATE OF BIRTH: January (Month) 13 (Day) 1881 (Year)

7. AGE: 31 yrs. 9 mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sawyer in woods
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Rake Skane, Sweden

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred W Ordin M D
(Address) Sacede Idaho

15.
Filed Oct. 18, 1912. M. Mc Kinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows: Accidental Struck by falling tree

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Fred W Ordin, M. D.
Oct 17 1912 (Address) Sacede. Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho. | DATE OF BURIAL: Oct. 19, 1912

20. UNDERTAKER: E. M. Brower. | ADDRESS: Sandpoint, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2533

File No. 3526

County of Bonner.

City of Sandpoint.

(No. ....., ... St.)

Registered No. 145

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Franklin Miller.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH

Exact date unknown. 1
(Month) (Day) (Year)

7. AGE

59 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kansas.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) do

12. MAIDEN NAME OF MOTHER do

13. BIRTHPLACE OF MOTHER (State or Country) do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Data taken from evidence taken

(Address) at the inquest.

15.

Filed Oct 15, 1912 M. Mckimmon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

October, 13, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Gun shot wound. Homicidal.

Death was instant.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Knaffle M. D.

Oct 14 1912 (Address) Hope, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho.	Oct. 16th 1912

20. UNDERTAKER	ADDRESS
E. M. Brower.	Sandpoint, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

County of Bonner.

Primary Registration District No. 2033

City of Sandpoint.

(No. ....., ... St.)

File No. 3527

Registered No. 144

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Marshall A. Watkins,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Exact adate unknown. 1
(Month) (Day) (Year)

7. AGE

42 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Poultryman.

(b) General nature of industry business, or dstablishment in which employed (or employer) Chicken Farm.

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER do

11. BIRTHPLACE OF FATHER (State or Country) do

12. MAIDEN NAME OF MOTHER do

13. BIRTHPLACE OF MOTHER (State or Country) do

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Above facts taken from evidence

(Address) at inquest.

15.

Filed Oct, 10. 1912 M. Mckinnon.

Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

October 8, 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Gun Gun Shot wound. Fired accidently

Lived about two Hours.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Knapp Jr Coroner

Oct 9 1912 (Address) Hope Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs. .....mos. .....days. In the State .....yrs. .....mos. .....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint, Idaho.

DATE OF BURIAL: Oct. 11 1912

20. UNDERTAKER: E. M. Brower.

ADDRESS: Sandpoint, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2033

File No. 3523

Registered No. 143

County of Bonner.

City of Sandpoint. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Creed Bowers,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Exact date unknown. 1 (Month) (Day) (Year)

7. AGE: 19 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION

(a) Trade, profession or particular kind of work: Laborer,

(b) General nature of industry business, or dstablishment in which employed (or employer): Common.

9. BIRTHPLACE (State or Country): Unknown.

10. NAME OF FATHER: ,,

11. BIRTHPLACE OF FATHER (State or Country): ,,

12. MAIDEN NAME OF MOTHER: ,,

13. BIRTHPLACE OF MOTHER (State or Country): ,,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. M. Brower.

(Address) Sandpoint. Idaho.

15.

Filed October, 10, 1912 M. McKinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October, 8, 8 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 191.., to Oct 8 1912, that I last saw h[illegible] alive on Oct 8 1912, and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis due to Perforation of Typhoid ulcer

(Duration) ..... yrs. 1 mos. 1 ds.

Contributory (Secondary) Typhoid Fever

(Duration) ..... yrs. 2 mos. 21 ds.

(Signed) M. McKinnon M. D.

Oct 8 1912 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Colburn, Idaho. DATE OF BURIAL: Oct. 11 1912

20. UNDERTAKER: E. M. Brower. ADDRESS: Sandpoint. Ida.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.**

Registration District No. 8

Primary Registration District No. 2033

File No. 3529

Registered No. 142

County of Bonner.

City of Sandpoint. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** John Iner Hibbard.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White.	Single

6. **DATE OF BIRTH**

January. (Month) 5 (Day) 1912. (Year)

7. **AGE**

..... yrs. 8 mos. ..... ds.

IF LESS than 1 day how many ..... *hrs.* or ..... *mins.*

8. **OCCUPATION**

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Kootenai, Idaho.

10. **NAME OF FATHER** John Hibbard.

11. **BIRTHPLACE OF FATHER** (State or Country) Unknown.

12. **MAIDEN NAME OF MOTHER** do.

13. **BIRTHPLACE OF MOTHER** (State or Country) do.

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) E. M. Brower.

(Address) Sandpoint, Idaho.

15.

Filed Oct. 7, 1912 M. McKinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH**

October, (Month) 5 (Day) 1912 (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The **CAUSE OF DEATH*** was as follows:

Summer Complaint —

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) attendance

..... (Duration) Doctor in yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho.	Oct, 7, 1912

20. UNDERTAKER	ADDRESS
E. M. Brower.	Sandpoint, Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of [illegible]
City of [illegible]

Registration District No. 8
Primary Registration District No. 2033
(No. ....., ... St.)

File No. 3534
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Burnice May Delp

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6. DATE OF BIRTH Sept (Month) 5 (Day) 1912 (Year)

7. AGE ..... yrs. ..... mos. 5 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Granite Idaho

10. NAME OF FATHER James Delp

11. BIRTHPLACE OF FATHER (State or Country) Virginia

12. MAIDEN NAME OF MOTHER Anna Clark

13. BIRTHPLACE OF MOTHER (State or Country) Wash

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A. D. Clark
(Address) Granite Ida.

15.
Filed Sept. 11, 1912 M. Mckinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept (Month) 11th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 191..., to Sept 11 1912 that I last saw h[illegible] alive on Sept 11 1912 and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Cardiac insufficiency - due to non Closure of Valves

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) [illegible] M. D.
Sept 11 1912 (Address) Soda Springs

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Athol, Cemetery — DATE OF BURIAL: Sept. 12 1912

20. UNDERTAKER ..... ADDRESS [illegible] SANDPOINT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 . 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

County of Bonner

Primary Registration District No. 2033

File No. 3531

City of Sandpoint (No. ..... St.)

Registered No. 141

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Flora D. Mrs. A. Guy.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House-Wife
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed Sept 18 1912 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
September 16th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912, to Sept 12 1912, that I last saw h[er] alive on Sept. 16 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Mesenteric Cancer —
Infiltration of Mesentery and omentum!
(Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) Pelvic Laceration, probably — in
Confinement (Duration) 28 or 29 years before yrs. ..... mos. ..... ds.
(Signed) Roscoe V. Jacobs M. D.
Dec 9 1912 (Address) Sandpoint, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sandpoint, Idaho.	Sept 18 1912

20. UNDERTAKER	ADDRESS
E. M. Brower.	Sandpoint, Idaho.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. Registration District No. 6

County of ..... Primary Registration District No. 2033

City of ..... (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Louis Baldree

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3532

Registered No. 138

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Widowed

6. DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

7. AGE: 84 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otis Baldree
(Address) Sandpoint

15. Filed Jan. 8 1917 M. McKinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 28 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28 1917, to ..... 191..
that I last saw him alive on March 28 1917
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Valvular heart disease

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. P. Strachauer M. D.
12-9- 1917 (Address) Sandpoint

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sandpoint Ida DATE OF BURIAL: [illegible]

20. UNDERTAKER: E. A. Brower Sandpoint

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bonner.
City of Sandpoint. (No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2033

File No. 3533
Registered No. 139

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. G. M. Baker.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR~~ DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Sept. 7th., 1879 (Month) (Day) (Year)

7. AGE: 32 yrs. 11 mos. 24 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Hannibal, Mo.

10. NAME OF FATHER: T. J. Beckwith.

11. BIRTHPLACE OF FATHER (State or Country): Hannibal, Mo.

12. MAIDEN NAME OF MOTHER: Alice Dunn.

13. BIRTHPLACE OF MOTHER (State or Country): Hannibal, Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. J. Beckwith.
(Address) Cabinet, Idaho.

15.
Filed Aug. 31, 1912 M. Mc Kinnon. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August. (Month) 31st. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Aug. 31 1912
that I last saw her alive on 30th of Aug. 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 1 yrs. 6 mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Mrs. McKinnon M. D.
Aug. 31 1912 (Address) Sandpoint, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pony, Montana.
DATE OF BURIAL: Sept 4 1912

20. UNDERTAKER: .....
ADDRESS: .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3534
Registered No. 134

1. PLACE OF DEATH.
County of Bonner
City of Bonners Ferry
Registration District No. 8
Primary Registration District No. 2034
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Otis E. Collins (Child).

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Sept (Month) 29th (Day) 1912 (Year)

7. AGE: ....yrs....mos....ds.
IF LESS than 1 day how many 14 hrs. or 30 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country) Paradise Valley

10. NAME OF FATHER Otis E. Collins

11. BIRTHPLACE OF FATHER (State or Country) Illinois

12. MAIDEN NAME OF MOTHER Patty Stone

13. BIRTHPLACE OF MOTHER (State or Country) Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Otis E Collins

15.
Filed Sept. 30th 1912 E E Fry
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29th 191..., to ....191...
that I last saw him alive on Sept. 29th 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Prematurity.

..... (Duration) ....yrs....mos....ds.
Contributory (Secondary) .....
..... (Duration) ....yrs....mos....ds.
(Signed) E E Fry M. D.
Sept. 30 1912. (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Paradise Valley — DATE OF BURIAL: Sept 30 1912

20. UNDERTAKER: None — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3535
Registered No. 136

1. PLACE OF DEATH. Registration District No. 8
County of Boundary Primary Registration District No. 2037
City of Bonners Ferry (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Henry Jarvis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: January (Month) 20th (Day) 1867 (Year)

7. AGE: 45 yrs. 8 mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sawyer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Renfrew Canada

10. NAME OF FATHER: Stone

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Stanley J. Jarvis
(Address) Bonners Ferry, Idaho

15. Filed Oct. 20th 1912. E. E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October 18th Friday 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 18 1912, ~~to ..... 191~~
that I last saw him alive on Oct 18 1912
and that death occurred on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:
Suicide by poson. Strychonine Sulphate

(Duration) about 20 minutes ~~yrs. mos.~~ ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leslie J. Stauffer M. D.
Oct 18 1912 (Address) Bonners Ferry, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry
DATE OF BURIAL: Oct 24th 191[illegible]

20. UNDERTAKER: J. T. Moore
ADDRESS: B. Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3536
Registered No. 135

1. PLACE OF DEATH.
County of Bonner
City of Bonners Ferry (No. ....., ... St.)

Registration District No. 8
Primary Registration District No. 2034

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Adam Manner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 58. yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Poultry Farmer
(b) General nature of industry business or establishment in which employed (or employer): /

9. BIRTHPLACE (State or Country) x Finland Europa mikkeli Lääni mikkelin pitäjä Puttu

10. NAME OF FATHER x Adam Mannunen

11. BIRTHPLACE OF FATHER (State or Country) x mikkelin Lääni Hirvensalmi Väisälän

12. MAIDEN NAME OF MOTHER x Kristina Mannunen

13. BIRTHPLACE OF MOTHER (State or Country) x Finland Europa mikkeli Lääni Hirvensalmi pitäjä

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) x Matti Ripatti
(Address) Copeland Idaho

15. Filed Nov. 2nd 1912 ..... E.E. Fry Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 1st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1912, to Oct. 31st 1912 that I last saw him alive on Oct. 31st 1912, and that death occurred on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:
Uraemic poisoning.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Gastric Ulcer.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E.E. Fry M. D.
Nov. 1 1912 (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry Idaho — DATE OF BURIAL: Nov 2 1912

20. UNDERTAKER: C. J. Moore — ADDRESS: Bonners Ferry Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3537

Registered No. 137

1. PLACE OF DEATH. Registration District No. 5

County of Bonner Primary Registration District No. 203

City of Bonners Ferry (If not in city give township) Ida. (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME. Fred Walter Burgess

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 15 (Day) 1860 (Year)

7. AGE: 52 yrs. 3 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry business or establishment in which employed (or employer): [illegible]

9. BIRTHPLACE (State or Country): Wilson N. Y.

10. NAME OF FATHER: Joseph Burgess

11. BIRTHPLACE OF FATHER (State or Country): N. Y.

12. MAIDEN NAME OF MOTHER: Sarah Streeter

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Burgess
(Address) Helena Mont.

15.
Filed Nov. 6th 1912. E. E. Fry, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 5th. (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25th. 1912, to Nov. 5th. 1912. that I last saw him alive on Nov. 5th. 1912. and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Fry, M. D.

Nov. 6 1912 (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Priest River DATE OF BURIAL: " 1912

20. UNDERTAKER: J. T. Moore ADDRESS: B Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8

County of Bonner Primary Registration District No. 2034

City of Bonners Ferry (No. ....., ... St.)

File No. 3533

Registered No. 156

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Rachael E. Harris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 7 (Day) 1883 (Year)

7. AGE: 29 yrs. 6 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmers Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Chas S Paxton

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Wyoma Campbell

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J.W. Harris
(Address) Bonners Ferry

15.
Filed Dec 12 1912 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1912, to Dec 21 1912 that I last saw h[er] alive on Dec 21 1912 and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows: Hemorrage following Miscarg.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Miscarriage 3 mo.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. M. Cummins M. D.

Dec 22 1912 (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry

DATE OF BURIAL: 12/23 1912

20. UNDERTAKER: L. T. Moore

ADDRESS: Bonners Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

[redacted]TE OF DEATH

[redacted]ate of Idaho
D OF HEALTH
of Vital Statistics

1. PLACE OF DEATH. Registration Di[redacted] 26

County of Washington Primary Registration District No. 2113

City of Midvale (No. 5 miles east of Midvale)

Registered No. 3539

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Enoch Milton Blackford

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: June 3 1844 (Month) (Day) (Year)

7. AGE: 63 yrs. 5 mos. 6 ds. IF LESS than 1 day how many.....hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: Tony Blackford

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr Eugene Blackford
(Address) Midvale, Ida

15. [redacted] 1912 T A Schmidt M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 9 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1912, to Nov 9 1912, that I last saw him alive on Nov 8 1912, and that death occurred on the date stated above, at 5.50 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (Secondary): old age

(Duration) yrs. mos. ds.

(Signed) Dr W. A. Parker M. D.

Nov 9 1912 (Address) Midvale Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: Nov 11 1912

20. UNDERTAKER: W. H. Bowen — ADDRESS: Wei[redacted]

MARGIN RE[redacted] FOR BINDING

WRITE PLAINLY, WITH UNFA[redacted]—THIS IS A PERMANENT RECORD.

—Every item of information should be ca[redacted]ed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[redacted] 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 2112
City of Weiser (No. ....., ... St.)
File No. 3510
Registered No. 70

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Pierce

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Nov (Month) 16 (Day) 1843 (Year)

7. AGE: 69 yrs. — mos. 11 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) House Keeper

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: H. P. Downing

11. BIRTHPLACE OF FATHER (State or Country): Tennessee

12. MAIDEN NAME OF MOTHER: Jane Mayo

13. BIRTHPLACE OF MOTHER (State or Country): Tenn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hallie Alexander
(Address) Weiser Ida

15.
Filed Nov 20th 1912 W. R. Reynolds
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1912, to Nov. 26 1912
that I last saw her alive on Nov. 26 1912
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. M. Mitchell M. D.
..... 19 ..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Winnemucca Nev.
DATE OF BURIAL ..... 191...

20. UNDERTAKER: L. C. Northam
ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Meadale

Registration District No. 26
Primary Registration District No. 2113
(No. ....., ... St.)

File No. 3541
Registered No. 71

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Maggie Keithly

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 22 (Day) 1845 (Year)

7. AGE: 67 yrs. 09 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo

10. NAME OF FATHER: Danial Keithley

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Elizabeth Hoffstetter

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J L Keithley
(Address) Meridale Ida.

15.
Filed Dec 8 1912 Faschmitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) — 1 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 — 1912, to Dec 1 1912, that I last saw her alive on Nov 30 — 1912 and that death occurred on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F A Schmitz M. D.
Nov 30 — 1912 (Address) Meadale

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Meadale
DATE OF BURIAL: Dec 3 1912

20. UNDERTAKER: L G Kay
ADDRESS: Meadale

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3512
Registered No. 72

1. PLACE OF DEATH.
County of Washington
City of Weiser

Registration District No. 26
Primary Registration District No. 2112
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amos Holland

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 14th (Day) 1912 (Year)

7. AGE: ..... yrs. 5 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Washington Co. Ida

10. NAME OF FATHER: Henry Holland

11. BIRTHPLACE OF FATHER (State or Country): South Dakota

12. MAIDEN NAME OF MOTHER: Addie Curtis

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert Holland
(Address) Weiser Ida

15. Filed Dec 2nd 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
No doctor in attendance,
Child was Smothered in Bed

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
Dec 2nd 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Galloway Cemetery — DATE OF BURIAL: Dec 3rd 1912

20. UNDERTAKER: Henry Holland — ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Washington
City of Weiser (No. Weiser Flat St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 2112

File No. 3513
Registered No. 73
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mr Lee Jr. Barton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH Oct - 23 - 1856
(Month) (Day) (Year)

7. AGE 57 yrs. 1 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Henry Co., Tenn.

10. NAME OF FATHER Greenberry Barton

11. BIRTHPLACE OF FATHER (State or Country) Grays County, Ky.

12. MAIDEN NAME OF MOTHER Johanna Stevens

13. BIRTHPLACE OF MOTHER (State or Country) State of Ky. Grays County

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Greenberry Barton
(Address) Weiser, Idaho

15. Filed Dec 5th 1912 Dr. R. Brundt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec. - 4 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1912 to ..... 191..., that I last saw him alive on Dec 4 1912, and that death occurred on the date stated above, at 1030 a. M. 1:30 a.m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris

(Duration) yrs. mos. 1½ hours ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. L. Shirley M. D.
Dec 5th 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Ida — DATE OF BURIAL: 12/9 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 351
Registered No. 74

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 1010
City of Weiser (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Marabelle Fifer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec (Month) 11 (Day) 1909 (Year)

7. AGE: 2 yrs. 11 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Weiser

10. NAME OF FATHER: Ed Fifer

11. BIRTHPLACE OF FATHER (State or Country): Montana

12. MAIDEN NAME OF MOTHER: Grace Ettner

13. BIRTHPLACE OF MOTHER (State or Country): St Louis Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Fifer
(Address) .....

15. Filed Dec 7th 1912 — W. R. Hamilton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 6th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1912, to Dec 6th 1912, that I last saw h— alive on Dec 6 1912 and that death occurred on the date stated above, at 10.15 P M.

The CAUSE OF DEATH* was as follows:
Acute Nephritis

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Hamilton M. D.
Dec 7th 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weiser — DATE OF BURIAL: Dec 8 1912

20. UNDERTAKER: L. C. Northam — ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 26
Primary Registration District No. 1010
File No. 3545
Registered No. 755

1. PLACE OF DEATH.
County of Washington
City of Weiser
(No. West Court St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Earl Francis Richardson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH Sept - 23 - 1912
(Month) (Day) (Year)

7. AGE yrs. 2 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Cambridge Idaho

10. NAME OF FATHER Wallace Richardson

11. BIRTHPLACE OF FATHER (State or Country) Wash Co. Idaho

12. MAIDEN NAME OF MOTHER Bessie Colton

13. BIRTHPLACE OF MOTHER (State or Country) Sparata; Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Richardson
(Address) Weiser; Idaho

15.
Filed Dec 9th 1912 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec. - 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...,
that I last saw him alive on ——— 191...,
and that death occurred on the date stated above, at unknown but after midnight
The CAUSE OF DEATH* was as follows:
Spasms

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) R. W. Bowen Coroner
12/8 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho | DATE OF BURIAL: 12/9 1912

20. UNDERTAKER: R. W. Bowen | ADDRESS: Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 2112
(No. Olds Ferry St.)

File No. 3516
Registered No. 76
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Richard Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. 8 1912 (Month) (Day) (Year)

7. AGE: — yrs. — mos. 6 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Olds Ferry, Idaho

10. NAME OF FATHER: Mason L. Reed

11. BIRTHPLACE OF FATHER (State or Country): State of Texas

12. MAIDEN NAME OF MOTHER: Nevada Hancock

13. BIRTHPLACE OF MOTHER (State or Country): State of Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Hancock
(Address) Huntington Oregon

15.
Filed Dec 15th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 14 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I last saw him alive on 191, and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
No Data in attendance.

(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. R. Hamilton Registrar M. D.
12/14 1912 (Address) Weiser Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Huntington Oregon
DATE OF BURIAL: 12/15 1912

20. UNDERTAKER: R. A. Bowen
ADDRESS: Weiser, Idaho.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 1010
(No. O. S. L. R. R. Yards St.)

File No. 3517
Registered No. 77
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Paul Peters

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Greek	Married

6. DATE OF BIRTH Unknown 1
(Month) (Day) (Year)

7. AGE about 40 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Section Hand
(b) General nature of industry business, or establishment in which employed (or employer) O. S. L. R. R. Weiser yards

9. BIRTHPLACE (State or Country) Greece

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. Ingebretsen; Section Foreman
(Address) Weiser, Idaho,

15.
Filed Dec 21 1912 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec — 20 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw him alive on Dec. — 20 — 1912
and that death occurred on the date stated above, at 3 30 P. M.

The CAUSE OF DEATH* was as follows:
Accidentally struck by railway engine

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Bowen; Coroner M. D.
12/21 1912 (Address) Weiser; Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Weiser; Idaho	Dec — 22 — 1912

20. UNDERTAKER	ADDRESS
R. W. Bowen	Weiser, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 26
County of Washington Primary Registration District No. 1969
City of Weiser (No. East Commercial St.) File No. 3548
If death occurs away from usual residence, give facts called for under special information. Registered No. 78
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Madison Elliott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH August - 14 - 1858
(Month) (Day) (Year)

7. AGE 59 yrs. 4 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boone; Iowa

10. NAME OF FATHER — Elliott

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Grace Elliott
(Address) Weiser; Idaho

15. Filed Dec 26th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec. - 25 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1912, to Dec 25 1912, that I last saw h im alive on Dec 24 1912 and that death occurred on the date stated above, at 5 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Neurthenia

(Duration) ..... yrs. ..... mos. few ds.

(Signed) W. Wises Ida M. D.

Dec 27 1912 (Address) James A Young

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Weiser; Idaho — DATE OF BURIAL: 12/27 1912

20. UNDERTAKER: R. W. Bowen — ADDRESS: Weiser; Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SIMMS - YORK CO., PTRS. & BDRS. 19780

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Washington
City of Weiser (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 1010
File No. 3510
Registered No. 79
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Schuyler Offa

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Nov — 1 — 1853
(Month) (Day) (Year)

7. AGE
57 yrs. 1 mos. 25 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Capitalist
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. S. Varian
(Address) Weiser Ida

15. Filed Dec 26th 1912 W. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. — 25 — 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 25 1912, to December 25 1912, that I last saw him alive on 25th December 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Sometime between 6 A.M. and 12 noon Dec 25th 1912
Found dead in Bed
Supposed to some heart trouble

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Bowen Coroner
12/26 1912 (Address) Weiser Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Muncie Penn — DATE OF BURIAL: 1/4/13 191

20. UNDERTAKER: A. G. Cordelle — ADDRESS: Weiser Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of [redacted]
City of Weiser

Registration District No. 26
Primary Registration District No. 1910
(No. East Main St. Josephine Hospital)

File No. 3550
Registered No. 8

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. J. Alton

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~ Married

6. DATE OF BIRTH: ~~Nov~~ Dec — ~~19~~ 30 — 1891
(Month) (Day) (Year)

7. AGE: 31 yrs. 1 mos. 12 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Hotel Manager
(b) General nature of industry business, or dstablishment in which employed (or employer): [redacted]

9. BIRTHPLACE (State or Country): Carthage Missouri

10. NAME OF FATHER: J. J. Alton

11. BIRTHPLACE OF FATHER (State or Country): State of Ohio

12. MAIDEN NAME OF MOTHER: Mary Beard

13. BIRTHPLACE OF MOTHER (State or Country): State of Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. J. Alton
(Address) Bremerton Wash.

15.
Filed Jan 1st 1912 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. — 30 — 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1912, to Dec 30th 1912, that I last saw him alive on Dec 30 1912, and that death occurred on the date stated above, at 12 45 P. M.

The CAUSE OF DEATH* was as follows:
Mitral insufficiency.

(Duration) 5 yrs. mos. ds.
Contributory (Secondary) Goitre
(Duration) yrs. mos. ds.

(Signed) Earnest C. Garratt M. D.
12/31 1912 (Address) Weiser Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: La Grande, Oregon. DATE OF BURIAL: Jan 3 1913

20. UNDERTAKER: R. W. Bowen ADDRESS: Weiser, Ida.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 25

Primary Registration District No. 2105

File No. 3552

County of Shoshone

City of Kellogg, Ida (No. ....., ... St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Frank Melvin Holmes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH: May (Month) 5 (Day) 1912 (Year)

7. AGE: ..... yrs. 6 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ✓
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Kellogg,

10. NAME OF FATHER Frank Holmes.

11. BIRTHPLACE OF FATHER (State or Country) Ill.

12. MAIDEN NAME OF MOTHER Edith Hambrough.

13. BIRTHPLACE OF MOTHER (State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. R. Mason
(Address) Kellogg, Ida

15. Filed Dec 9 1913 Dr. Chas. A. Dittman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 4 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3. 9 P.M. 1912, to 12/4 - 7 A.M. 1912, that I last saw him alive on 12/4 - 7 A.M. 1912, and that death occurred on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Bowel trouble

.....

.....

.....(Duration).....yrs.....mos.....ds.

Contributory .....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. R. Mason M. D.

12/4 1912 (Address) Kellogg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Kellogg	Dec 5 1912
20. UNDERTAKER	ADDRESS
Trumbull	Kellogg

SYMS - YORK CO., PTRS. & BDRS. 18760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 25
Primary Registration District No. 2104
(No. ....., ... St.)

File No. 3554
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Gus Stroth

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: not known (Month) ..... 1 (Day) ..... (Year)

7. AGE: 65 P yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry business or establishment in which employed (or employer): Swamper at Bilbery Hat

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: X

11. BIRTHPLACE OF FATHER (State or Country): X

12. MAIDEN NAME OF MOTHER: X

13. BIRTHPLACE OF MOTHER (State or Country): X

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Bilbery
(Address) Mullan

15.
Filed Dec 26 1912
Dr. Chas. A. Dittman
F. W. Rolfs
Local Registrar

MEDICAL CERTIFICATE OF DEATH

no medical attendance

16. DATE OF DEATH
Dec (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from no attended 191..., to ..... 191.....
that I last saw h.. alive on Dec 25 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Has been drinking for about three months. I

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Fell and struck the back of his head
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F W Rolfs M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE ~~OF BURIAL~~ OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Jan 2 1913

20. UNDERTAKER: Worstell & Co
ADDRESS: Wallace

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Corner Case

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 25

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No.
Primary Registration District No. 2107
(No. , St.)

File No. 355
Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Emma Erickson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 1 (Day) 1912 (Year)

7. AGE: ... yrs. ... mos. ... ds.
IF LESS than 1 day how many ... hrs. or ... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Mullan, Shoshone Co.

10. NAME OF FATHER: Henry Erickson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Hulda Wennberg

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Erickson
(Address) Mullan Ida

15. Filed Dec 2 1912 F W Rolfs
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ... 191..., to ... 191... that I last saw h... alive on ... 191... and that death occurred on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows:

(Duration) about 15 min yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) F. W. Rolfs M. D.

Dec 2 1912 (Address) Mullan

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... ds.
In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR ~~REMOVAL~~: Mullan
DATE OF BURIAL: Dec 4 1912

20. UNDERTAKER: X Father
ADDRESS: X

Dr Chas. L. Pettman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 356
Registered No.

1. PLACE OF DEATH. Registration District No. 25
County of Shoshone Primary Registration District No. 2109
City of Burke (No. Burke Grace Idaho St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. W. Flaherty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar. (Month) 21 (Day) 1880 (Year)

7. AGE: 32 yrs. 10 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer): lead mines

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: not given

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. E. Hawley
(Address) Wallace

15.
Filed Jan 3 1913 Dr. Chas. A. Dettmann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 1912, to — 191..
that I last saw h..... alive on ..... 191..
and that death occurred on the date stated above, at 5P M.
The CAUSE OF DEATH* was as follows:
Killed in Snowslide
at Mace Idaho

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. A. Dettmann M. D.
Jan 2 1913 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Idaho
DATE OF BURIAL: Jany 3 1913

20. UNDERTAKER: Bruce & Worstell.
ADDRESS: Wallace Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6
County of Ada Primary Registration District No. 2326
City of Sweet (No. ____, ____ St.)
File No. [redacted]
Registered No. [redacted]

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. Thomas B. Pope

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widowed
6. DATE OF BIRTH: Nov (Month) 27 (Day) 1854 (Year)
7. AGE: 58 yrs. — mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Elizabeth Berwick
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. T. Pope
(Address) Sweet, Idaho
15.
Filed Dec 16 1912 A. W. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 11 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1912, to Dec 11 1912, that I last saw h[redacted] alive on Dec 11 1912, and that death occurred on the date stated above, at 10.15 p. M.
The CAUSE OF DEATH* was as follows:
Pernicious anemia
(Duration) 1 yrs. 6 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) A. W. Byrd M. D.
Dec 16 1912 (Address) Sweet Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sun Prairie, Wis. DATE OF BURIAL: Unknown 191
20. UNDERTAKER: C. D. Bucknum ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 73558

Registered No. 19

1. PLACE OF DEATH.
County of Boise
City of Sweet
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2126
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Franklin Adelbert Kline

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ~~Sept 26~~ Dec (Month) 24 (Day) 1866 ~~1912~~ (Year)

7. AGE: 46 yrs. 11 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Ruben K. Kline.

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania.

12. MAIDEN NAME OF MOTHER: Martha Baily.

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Minnie Hadsall
(Address) Middleton Idaho

15. Dec 16 1912
Filed Oct 10 1912 John A Meyer M.D. Local Registrar

(Received Oct 10 1912 Does not belong to this district)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 30 Monday (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1912, to Sept 30 1912, that I last saw h.. alive on Sept 30 1912, and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:
Septic Peritonitis following Perforation of Gastric ulcer.

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Ulcer of Stomach
(Duration) ..... yrs. ..... mos. 36 hours ds.

(Signed) J. P. Smith DO M. D.
Oct 4 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Middleton Cemetery
DATE OF BURIAL: Oct 6 1912

20. UNDERTAKER: W. T. Dyer
ADDRESS: Caldwell

SYMS-YORK CO., PRINTERS & BINDERS. BOISE 16672

[redacted]

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6

County of Kootenai Primary Registration District No. 2026

City of Ola (No. ....., ... St.)

File No. 3559

Registered No. 23

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unnamed Person

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH: Aug (Month) 7 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER: William Person

11. BIRTHPLACE OF FATHER (State or Country): Kansas

12. MAIDEN NAME OF MOTHER: Hattie Hughes

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Person
(Address) Ola

15.
Filed Jan 15 1913 A. H. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) No Physician M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ola

DATE OF BURIAL: ..... 191...

20. UNDERTAKER: None

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3560

Registered No. 24

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Boise
City of Vicinity of Sweet

Registration District No. 6
Primary Registration District No. 2026
(No. ....., ... St.)

2. FULL NAME George A. Mullinax

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 14 (Day) 1845 (Year)

7. AGE: 67 yrs. 6 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): Ranching

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: Joseph Mullinax

11. BIRTHPLACE OF FATHER (State or Country): America

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Mullinax
(Address) Sweet

15.
Filed Jan 10 1913 A. G. Byrd
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h[illegible] alive on Sept 18 1912
and that death occurred on the date stated above, at 8:55 A.M.
The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. G. Byrd M. D.
Oct 23 1912. (Address) Sweet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sweet
DATE OF BURIAL: Sept 19 1912

20. UNDERTAKER: J. H. Buckley
ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6
County of Boise Primary Registration District No. 2019
City of Placerville (No. ....., ... St.)
Reg. No. 70-25

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mable Teresa Rauft

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 26 (Day) 1912 (Year)
7. AGE: ..... yrs. 2 mos. 17 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Frank Rauft
11. BIRTHPLACE OF FATHER (State or Country): Idaho.
12. MAIDEN NAME OF MOTHER: Mary Gribben
13. BIRTHPLACE OF MOTHER (State or Country): Idaho.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....
15. Filed Oct 15 1912 G. G. Fit Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 13 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1912, to Oct 13 1912
that I last saw her alive on Oct 13 1912
and that death occurred on the date stated above, at 12 P.M.
The CAUSE OF DEATH* was as follows:
Bronchitis
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. G. Fit M. D.
Oct 15 1912 (Address) Placerville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Placerville Cemetery — DATE OF BURIAL: Oct 15 1912
20. UNDERTAKER: Mountain [redacted] — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6

County of ~~Ada~~ Boise Primary Registration District No. 2029

File No. 3562

~~City of~~ Horse Shoe Bend (No. ....., ... St.)

Registered No. 22

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lovina Bates

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable 1 (Month) (Day) (Year)

7. AGE: about 23 years ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Not obtainable

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Freeman
(Address) Boise

15. Filed Jan 15 1913 A. E. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1912, to Oct 17 1912 that I last saw h[illegible] alive on Oct 17 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Septicaemia
following miscarriage

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ralph Tall M. D.

Jan 29 1913 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Horse Shoe Bend | DATE OF BURIAL: Oct 25 1912

20. UNDERTAKER: Schreiber & Hedenfeldt | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3563
Registered No. 86

1. PLACE OF DEATH. Registration District No. 0
County of Boise Primary Registration District No. 2026
City of Horseshoe Bend (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William Alexander Samuels

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May (Month) 12 (Day) 1858 (Year)

7. AGE: 54 yrs. 5 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Practicing Attorney at Law.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Belfast Ireland.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country): Ireland.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. A. Buckbee Jr.
(Address) Sweets Idaho.

15.
Filed Jan 15 1913 a.s. Byrd
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9 1912, to Nov 9 1912
that I last saw h[illegible] alive on Nov [illegible] 1912
and that death occurred on the date stated above, at 9 A. M.
The CAUSE OF DEATH* was as follows:
Suppuration endocardial following Laparotomy
..... (Duration) ..... yrs.
Contributory (Secondary) [illegible] ..... (Duration) ..... ds.
(Signed) [illegible] M. D.
Nov 26 1912 (Addi[illegible]ho

*State the DISEASE CAUSING DEATH; or if [illegible] from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, [illegible]CIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Blackfoot
DATE OF BURIAL: Nov 13 1912

20. UNDERTAKER: Fry and Summers
ADDRESS: Boise

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6
County of Boise Primary Registration District No. 2019
City of Placerville (No. ....., ... St.)
File No. 356
Registered No. 278

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME John O'Brien

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single
6. DATE OF BIRTH: Dec. (Month) 8 (Day) 1884 (Year)
7. AGE: 27 yrs. 8 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner, Placer
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: Daniel O'Brien
11. BIRTHPLACE OF FATHER (State or Country): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Lehan
13. BIRTHPLACE OF MOTHER (State or Country): Ireland
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Placerville
15.
Filed Aug 14 1912 G. G. Fitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 14 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Aug 13 1912, to Aug 14 1912
that I last saw him alive on Aug 14 1912.
and that death occurred on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. 6 ds.
(Signed) G. G. Fitz M. D.
Aug 14 1912 (Address) Placerville Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Placerville Idaho
DATE OF BURIAL: Aug 16 1912
20. UNDERTAKER: Had none
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of McCall
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2057
(No. ....., ... St.)

File No. 3566
Registered No. 21
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Charles Koski

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: May (Month) 21st (Day) 1869 (Year)

7. AGE: 43 yrs. 2 mos. 27 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer (10 years)
(b) General nature of industry business, or establishment in which employed (or employer): Miner in 13 years (before)

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER: Andreo Koski

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Maria Osterberg

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas Koski
(Address) McCall, Idaho.

15. Filed Jan 15 1913 a. F. Ousd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 18th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1903, to Aug 18th 1912, that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Asthma & heartsickness

(Duration) 9 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) None M. D.
19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Finnish Cemetery
DATE OF BURIAL: Aug 20th 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of McCall
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2027
(No. ....., ... St.)

File No. 3567
Registered No. 27
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Oswald Hentila

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov (Month) 18 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 1 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): McCall Idaho

10. NAME OF FATHER: John Hentila

11. BIRTHPLACE OF FATHER (State or Country): Finland

12. MAIDEN NAME OF MOTHER: Martha Poro

13. BIRTHPLACE OF MOTHER (State or Country): Finland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jacob Kaanta
(Address) McCall

15.
Filed Jan 12 1913 a. G. Byrd
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Feebleness
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) None M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Mc Call | DATE OF BURIAL ..... 191...

20. UNDERTAKER ..... ADDRESS .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3568

Registered No. 8

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1

Primary Registration District No. 2092

(No. Franke Ranch St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Belinda Franke.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 1 (Day) 1845 (Year)

7. AGE: 67 yrs. 6 mos. 29 ds.

IF LESS than 1 day how many .....hrs. or .....mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Work.
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Pa.

10. NAME OF FATHER: Samuel Hagan

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: Elizabeth Heasley

13. BIRTHPLACE OF MOTHER (State or Country): Pa.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. A. Franke
(Address) Boise Idaho

15. Filed Jan 1st 1913 J. M. Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1912, to Dec 28 1912, that I last saw h.. alive on Dec 28 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 yrs. mos. 5 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. W. Wilkinson M. D.

12/31 1912 (Address) 409-11 Empire Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ...yrs ...mos ...days. In the State ...yrs ...mos ...days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery — DATE OF BURIAL: Jan 1 1913

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2004
(No. 5 Mile West Boise on Hill Road)

File No. 3569
Registered No. 3
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hiram Jensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White American	Single

6. DATE OF BIRTH
Nov. (Month) 25 (Day) 1912 (Year)

7. AGE
..... yrs. ..... mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work None (Infant)
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Boise Ada Co.

10. NAME OF FATHER Jacob Jensen

11. BIRTHPLACE OF FATHER (State or Country) Boise Co. Ida

12. MAIDEN NAME OF MOTHER Alva Saxton

13. BIRTHPLACE OF MOTHER (State or Country) Mich

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) Allen Jensen

15.
Filed Dec 11th 1912 J. M. Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
December (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25th 1912, to Dec 10th 1912, that I last saw him alive on Dec. 10th 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Unknown - apparently some congenital Malformation - promoting Assimilation. Wasted gradually from birth
— (Duration) 0 yrs. 0 mos. 16 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Taylor M. D.
Dec 11th 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs .....mos .....days. In the State .....yrs .....mos .....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery
DATE OF BURIAL: Dec 11 1912

20. UNDERTAKER: Fry & Summers
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Van Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 204
(No. Pierce Park St.)

File No. 3570
Registered No. 2
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Isac Welty.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: May (Month) 27 (Day) 1843 (Year)
7. AGE: 69 yrs. 6 mos. 13 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio.
10. NAME OF FATHER: Not Obtainable
11. BIRTHPLACE OF FATHER (State or Country): Not Obtainable
12. MAIDEN NAME OF MOTHER: Not Obtainable
13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. I. Welty
(Address) Boise Idaho
15.
Filed Dec 11th 1912
J. M. Taylor
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1912, to Dec 10 1912, that I last saw him alive on Dec. 8th 1912 and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Uraemic Poisoning

(Duration) yrs. mos. 2 ds.

Contributory (Secondary) Hepatitis & Nephritis

(Duration) yrs. mos. 15 ds.

(Signed) Robert L. Gregory M. D.

Dec 11 1912 (Address) 204, Bown Block.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Dec 11 1912

20. UNDERTAKER: Frye & Summers | ADDRESS: Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3571

Registered No. 9

1. PLACE OF DEATH.
County of Ada
City of Boise (No. Soldiers Home St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2007

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Con Hadley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Not obtainable 1 (Month) (Day) (Year)

7. AGE: 72 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Civil War Vet
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): not obtainable

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. G. Bunnell
(Address) Soldiers Home

15.
Filed Jan 4th 1913 J. M. Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1908, to January 3 1912, that I last saw h[illegible] alive on January 3 1912, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred A. Sperry M. D.

1/4 1912 (Address) Soldiers Home

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Military Cem. Boise — DATE OF BURIAL: Jan 4 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3573
Registered No. 6

1. PLACE OF DEATH.
County of Ada
City of Meridian
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Jessie Loucie.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: American White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: March 21st 1873. (Month) (Day) (Year)
7. AGE: 39 yrs. 8 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Iowa.
10. NAME OF FATHER: Hellman Earlsmith
11. BIRTHPLACE OF FATHER (State or Country): Iowa
12. MAIDEN NAME OF MOTHER: Emma Eliza Teleh
13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Burton Earlsmith
(Address) .....
15. Filed Nov. 27 1912 C. L. Dutton Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. 27 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 23rd 1912 to Nov. 27 1912 that I last saw her alive on Nov. 26 1912 and that death occurred on the date stated above, at 12.30 M.
The CAUSE OF DEATH* was as follows:
General peritonitis
Complicated with double pneumonia.
(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Nervous Collapse first day - 5 Mos. old
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. L. Dutton M. D.
19 ..... (Address) Meridian

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Meridian Cem. DATE OF BURIAL: Nov. 28 1912
20. UNDERTAKER: Nourse Schirbs & Wilkinson ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3545

Registered No. 4

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Ada
City of Meridian
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1
Primary Registration District No. 2003
(No. ....., ... St.)

2. FULL NAME Ruby Rea.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 4 yrs. 2 mos. 15 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Ada County.

10. NAME OF FATHER: Charlie Rea.

11. BIRTHPLACE OF FATHER (State or Country): Arkansas.

12. MAIDEN NAME OF MOTHER: Pearl Simmons.

13. BIRTHPLACE OF MOTHER (State or Country): Arkansas.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charley Rea
(Address) Meridian Rd 1

15. Filed Oct 15th 1912. C. L. Dutton, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 15th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1912 to Oct 15 1912 that I last saw her alive on Oct 15 1912 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Burned to death by fire Catching to clothing
..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. L. Dutton M. D.
Oct 15 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Harris Hill — DATE OF BURIAL: Oct 16 1912

20. UNDERTAKER (acting): J. M. Anderson — ADDRESS: Meridian

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Wallace Hospital St.)
File No. 3576
Registered No. 923

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Abe Cooper.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.
6. DATE OF BIRTH: Oct. (Month) 10th (Day) 1854 (Year)
7. AGE: 58 yrs. mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Teamster.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Penn.
10. NAME OF FATHER: Levy Cooper.
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Maria Lace
13. BIRTHPLACE OF MOTHER (State or Country): Penn.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Margaret Cooney
(Address) Wallace, Ida.
15. Filed Dec. 2, 1912 H. Leo Dingley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 22 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1912, to Nov 22 1912
that I last saw h— alive on Nov 22 1912
and that death occurred on the date stated above, at 16. M.
The CAUSE OF DEATH* was as follows:
Pulmonary Phthisis
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Chronic Nephritis
(Duration) 1 yrs. 3 mos. — ds.
(Signed) Chas. C. Dettman M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida — DATE OF BURIAL: Dec 2 1912
20. UNDERTAKER: B. G. Marshall — ADDRESS: Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone.
City of Wallace (No. Hope Hospl St.)
Registration District No. 28
Primary Registration District No. 011
File No. 3578
Registered No. 93

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Henry Stuart Gregory

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 63 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lawyer.
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indian Ferry.

10. NAME OF FATHER: Caspar R. Gregory.

11. BIRTHPLACE OF FATHER (State or Country): Philadelphia Penn.

12. MAIDEN NAME OF MOTHER: Mary L. Montgomery

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Ward
(Address) .....

15. Filed Dec 9 191 2 A. Leo Dingley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 7th 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29th 191 2, to Dec 7th 191 2
that I last saw him alive on Dec 7th 191 2,
and that death occurred on the date stated above, at 7:00 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) — yrs. — mos. 5 ds.
Contributory (Secondary) Arteriosclerosis
(Duration) Unknown yrs. ... mos. ... ds.

(Signed) Wm. T. Brumbaugh M. D.
Dec 9th 19 2 (Address) Wallace, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida.
DATE OF BURIAL: Dec. 10 191 2

20. UNDERTAKER: Ward Und. Co.
ADDRESS: City.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3579
Registered No. 94

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mrs. Stella Malay O'Grady

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: July 13th (Month) (Day) 1870 (Year)
7. AGE: 42 yrs. mos. ds. IF LESS than 1 day how many hrs. or min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country): Boston, Mass.
10. NAME OF FATHER: James Malay.
11. BIRTHPLACE OF FATHER (State or Country): - - - -
12. MAIDEN NAME OF MOTHER: Emma Jane Goodison.
13. BIRTHPLACE OF MOTHER (State or Country): Boston Mass.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss M. O'Grady
(Address) Wallace
15. Filed Dec. 11 1912 H. Leo Hensley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 9th (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1912, to Dec 9th 1912 that I last saw her alive on Dec 9th 1912 and that death occurred on the date stated above, at 5-20 P.M.
The CAUSE OF DEATH* was as follows:
Alcoholism.
(Duration) yrs. mos. ds.
Contributory (Secondary) Cyrosis of liver.
(Duration) yrs. mos. ds.
(Signed) J. H. Keen M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. ds. In the Wallace Hosp. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida. DATE OF BURIAL: Dec. 11 1912
20. UNDERTAKER: Ward Und. Co. ADDRESS: City.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28
County of Shoshone Primary Registration District No. 1011
City of Wallace (No. Wallace Hospital St.)
File No. 3581
Registered No. 95

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Issac Buchanan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	white	divorced

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 60 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... teamster
(b) General nature of industry business or establishment in which employed (or employer) ..... general delivery

9. BIRTHPLACE (State or Country) Iowa

10. NAME OF FATHER Mathew Buchanan

11. BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (State or Country) not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Issac Buchanan
(Address) Kellogg, Idaho

15. Filed Dec. 12 191 H. Leo Langley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 12/9 191
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 191 7, to Dec 9 191 7
that I last saw h.im alive on Dec 9 191 7
and that death occurred on the date stated above, at 10a M.
The CAUSE OF DEATH* was as follows:
Syphilis Paresis

(Duration) 14 yrs. — mos. — ds.
Contributory (Secondary) Paralysis of muscles of extremities
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Chas. A. Dettman M. D.
Dec 10 1917 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Hospital In the
of death ..—.. yrs. 8 mos. ..—.. ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence Kellogg, Idaho

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wallace, Idaho.	Dec. 12 191 2
20. UNDERTAKER	**ADDRESS**
Bruce G. Torstell	Wallace.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3581
Registered No. 96

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Lundstrom

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE 40 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: miner
(b) General nature of industry business or establishment in which employed (or employer): lead mines

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: not given

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wallace Hospital
(Address) Wallace, Idaho.

15. Filed Dec 12 1912 H. Leo Jennings
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec 9 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1912, to Dec 9 1912
that I last saw him alive on Dec 9 1912
and that death occurred on the date stated above, at 6:30 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) yrs. mos. 5 ds.
Contributory Alcoholism
(Secondary)
(Duration) — yrs. — mos. 5 ds.
(Signed) Chas. A. Dettman M. D.
Dec 10 1912 (Address) Burke Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Hospital In the
of death ..... yrs. ..... mos. 5 ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence: Mullan Idaho.

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wallace, Idaho.	Dec. 12 1912

20. UNDERTAKER	ADDRESS
Bruce G. Worstell	Wallace

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 28

County of Shoshone Primary Registration District No. 1011

City of Wallace (No. ..., First Street St.)

File No. 3582

Registered No. 97

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Clara Freedner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	single

6. DATE OF BIRTH: Nov (Month) 22 (Day) 1888 (Year)

7. AGE: 24 yrs. 0 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: stenographer
(b) General nature of industry business or establishment in which employed (or employer): law office

9. BIRTHPLACE (State or Country): Corvallis, Oregon

10. NAME OF FATHER: Charles Freedner

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Rose Luster

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Freedner
(Address) Wallace, Idaho

15. Filed Dec. 12 1912 F. Leo Jennings Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1912, to Dec 10 1912 that I last saw h[illegible] alive on Dec 10 1912 and that death occurred on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:
Acute Anterior Inferior Poliomyelitis

(Duration) ... yrs. ... mos. 9 ds.

Contributory (Secondary): None

(Duration) ... yrs. ... mos. ... ds.

(Signed) Dr. M. Wyss M. D.
Dec 11 1912 (Address) Wallace Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Portland Oregon	Dec. 12 1912
20. UNDERTAKER	**ADDRESS**
Bruce G. Worstell	Wallace,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3583
Registered No. 98

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 1011
(No. Wallace Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Shouten

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH
(Month) (Day) 1 (Year)

7. AGE
53 yrs. -- mos. -- ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Pump tender
(b) General nature of industry business or establishment in which employed (or employer): Quartz mine

9. BIRTHPLACE (State or Country) Buffalo, N. Y.

10. NAME OF FATHER Richard Shouten

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER Margaret Monhart

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ~~Wallace Hospital~~ Supt Hospital
(Address) Wallace, Idaho

15. Filed Dec 14 1912 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1912, to Dec 12 1912
that I last saw h~~im~~ alive on Dec 11 1912
and that death occurred on the date stated above, at 10 A M.

The CAUSE OF DEATH* was as follows:
Nephritis

(Duration) 5 yrs. — mos. — ds.
Contributory (Secondary) Catarrhal Jaundice
(Duration) — yrs. — mos. — ds.

(Signed) Chas. A. Dettman M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Wallace Hospital In the
of death -- yrs -- mos. 2 ds. State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death? Burke Idaho
Former or usual residence Burke Idaho

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho
DATE OF BURIAL: Dec 16 1912

20. UNDERTAKER: Bruce & Wardell
ADDRESS: Wallace, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace

Registration District No. 28
Primary Registration District No. 10 11
(No. Providence Hospital St.)

File No. 3584
Registered No. 99

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Henry Rose

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 56 yrs. — mos. — ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Jersey

10. NAME OF FATHER: Julius D. Rose

11. BIRTHPLACE OF FATHER (State or Country): New Jersey

12. MAIDEN NAME OF MOTHER: — Brannin

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas H Rose
(Address) Wallace Idaho.

15. Filed Dec 14 1912 H. Lee Smiley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912, to Dec 14 1912, that I last saw h[illegible] alive on Dec 14 1912 and that death occurred on the date stated above, at 6P. M.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(Duration) 1 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Dr. Mowery M. D.
Dec 13 1912 (Address) Wallace

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place Providence Hospital the of death — yrs. — mos. 7 ds. State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Enaville, Idaho
Former or usual residence Enaville Idaho

19. PLACE OF BURIAL OR REMOVAL: Wallace, Idaho
DATE OF BURIAL: Dec. 14 1912

20. UNDERTAKER: Bruce & Mowery
ADDRESS: Wallace, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No.

County of Shoshone Primary Registration District No. 1011

File No. 3580

City of Wallace (No. , St.)

Registered No. 100

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. C. Patrick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	white	single

6. DATE OF BIRTH: Dec (Month) 22 (Day) 1912 (Year)

7. AGE: 47 yrs. — mos. — ds. IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Accountant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New Orleans La.

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank H Moon
(Address) Wallace Idaho

15. Filed Dec 26 1912 H. Leo Lindley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 22nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..... that I last saw him alive on Dec 23 1912, and that death occurred on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Cyrosis of Liver

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Alcohol

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Jean M. D.

19.. (Address) Wallace Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace. DATE OF BURIAL: Dec 26th 1912

20. UNDERTAKER: H. P. Ward. ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 28
Primary Registration District No. 1011
(No. ....., ... St.)

File No. 3586
Registered No. 101
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary O'Donnell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 68 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Patrick Sullivan

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Frances Smith

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Adam O'Donnell
(Address) Wallace Ida.

15. Filed Dec 31 1912 F. Leo Duffey Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 191..., to Dec 28 1912 that I last saw her alive on Dec 28 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Gen. Debility
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo A. Shaw M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Wallace
DATE OF BURIAL: Dec 31st 1912

20. UNDERTAKER: Wardundertaking Co
ADDRESS: Wallace

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 10
Primary Registration District No. 2042
File No. 3587
Registered No. 92

1. PLACE OF DEATH.
County of Idaho
City of Cottonwood (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Francis Bicker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
— (Month) — (Day) 1824 (Year)

7. AGE
88 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [illegible]
(Address) Redmond Idaho

15.
Filed Dec 1st 1912 G S Stockton Local Registrar
per Blk

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
November 29th 1912.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1912, to Nov. 28th 1912, that I last saw h[illegible] alive on Nov. 28th 1912, and that death occurred on the date stated above, at 10 M.

The CAUSE OF DEATH* was as follows:
Capillary Bronchitis
(Duration) ..... yrs. ..... mos. 3 ds.
Contributory Arterio sclerosis
(Secondary)
(Duration) Indefinite yrs. ..... mos. ..... ds.

(Signed) J. H. Purcell M. D.
11/29- 1912. (Address) Cottonwood, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Kendrick Cemetery	Nov 30 1912

20. UNDERTAKER	ADDRESS
Joseph McMurray	Cottonwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No. ....., St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 1001

File No. 3588
Registered No. 91
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Elizabeth Jane McConnell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 3 (Day) 1836 (Year)

7. AGE: 76 yrs. 8 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): -

9. BIRTHPLACE (State or Country): Jackson Furnace, Kentucky

10. NAME OF FATHER: Kennard Morford

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J W McConnell
(Address) Grangeville, Idaho

15. Filed Dec 20 1912 G S Stricklin Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908, to Dec. 18 1912 that I last saw her alive on Dec 7 1912, and that death occurred on the date stated above, at 6 a. M.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease

(Duration) Unknown mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Jesse L. Rains M. D.
Dec. 20 1912 (Address) Grangeville, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: Dec 21 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Stites

Registration District No. 10
Primary Registration District No. 2101
(No. ....., ... St.)

File No. 3589
Registered No. 90

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elizabeth Sarah Ellis (Mrs. P. E.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Aug (Month) 18 (Day) 1870 (Year)

7. AGE: 42 yrs. 4 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Canada

10. NAME OF FATHER: David Harris

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. E. Ellis
(Address) Stites Ida

15. Filed Jan 4 1918 G B Stockton Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 27 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 191 2, to Dec 27 191 2
that I last saw h d alive on Dec 27 191 2
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 2 yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Schrader M. D.
Dec 28 19 2 (Address) Stites, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lake View Nash — DATE OF BURIAL: 12/30/1912

20. UNDERTAKER: C. J. Johnson — ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3501
Registered No. 89

1. PLACE OF DEATH.
County of Idaho
City of Harpster

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Julia M Burridge

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	married

6. DATE OF BIRTH: Oct (Month) 3 (Day) 1837 (Year)

7. AGE: 75 yrs. 2 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Vermont

10. NAME OF FATHER: Mr Peacock

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): D Lafferty
(Address): Harpster

15.
Filed Dec 16 1912 — G S Stockton, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1912, to Dec 15 1912
that I last saw her alive on Dec 2 1912
and that death occurred on the date stated above, at 5 p M.

The CAUSE OF DEATH* was as follows:
Chronic Stomach trouble with valvular lesion of heart
(Duration) Don't Know yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Houston E Snyder M. D.
Dec 15 1912 (Address) Idaho Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Harpster
DATE OF BURIAL: Dec 16 1912

20. UNDERTAKER: W E Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3591
Registered No. 88

1. PLACE OF DEATH.
County of Idaho
City of Grangeville (No....., ... St.)

Registration District No. 10
Primary Registration District No. 2044

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Elmer Tillman Allison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 6 (Day) 1912 (Year)

7. AGE: — yrs. — mos. — ds.
IF LESS than 1 day how many ..10.. hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ~
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Elmer Allison

11. BIRTHPLACE OF FATHER (State or Country): Washington

12. MAIDEN NAME OF MOTHER: Effie M Nuss

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elmer C Allison
(Address) Grangeville

15.
Filed Dec 10 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1912, to Dec 7 1912
that I last saw h*im* alive on Dec 6 1912
and that death occurred on the date stated above, at 10a, M.

The CAUSE OF DEATH* was as follows:
Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) 8 months' foetus
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G S Stockton M. D.
Dec 7 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Prairie View
DATE OF BURIAL: Dec 7 1912

20. UNDERTAKER: W R Graham
ADDRESS: Grangeville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 10
County of Idaho Primary Registration District No. 2101
City of Kite (No. ....., ... St.)
File No. 3592
Registered No. 87
If death occurred in a hospital, institution or camp give its NAME instead of street and number.
If death occurred away from usual residence, give facts called for under special information.
2. FULL NAME Henry A Calder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: Dec 12th (Month) (Day) 1841 (Year)
7. AGE: 70 yrs. 10 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Saw Milling
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Kennebec Co Maine
10. NAME OF FATHER: Henry Calder
11. BIRTHPLACE OF FATHER (State or Country): Maine
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (State or Country): —
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert J Calder
(Address) Town Rig Ida
15.
Filed Dec 10 1912 GB Blackburn Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 17th Thursday 1912
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1912, to Oct 17 1912 that I last saw h alive on Oct 16 1912, and that death occurred on the date stated above, at 8 P M.
The CAUSE OF DEATH* was as follows:
Uraemia
..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) Chronic Interstitial Nephritis
Chronic Bronchitis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J M Robertson M. D.
Oct 17 1912 (Address) Kellogg Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Hoodoo — DATE OF BURIAL: Oct 19 1912
20. UNDERTAKER: M. L. Bridgham — ADDRESS: Hoodoo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If death occurred away from usual residence, give facts called for under special information. If death occurred in a hospital, institution or camp give its NAME instead of street and number. If death occurred away from usual residence, give facts called for under special information. If death occurred in a hospital, institution or camp give its NAME instead of street and number. PAYNE-CHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PAYNE-FISH CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Idaho
City of Grangeville
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 10
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 3593
Registered No. 86
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Not Named

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Oct 21 (Month) (Day) 1912 (Year)

7. AGE: 7 hours (yrs. mos. ds.)
IF LESS than 1 day how many 7 hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho County

10. NAME OF FATHER: Wm H. Shields

11. BIRTHPLACE OF FATHER (State or Country): Colorado Wyoming

12. MAIDEN NAME OF MOTHER: Grace Ruth Shields

13. BIRTHPLACE OF MOTHER (State or Country): Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. W. Shumaker
(Address) Grangeville Ida

15.
Filed Dec 10 1912 G S Stockton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 21 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21 1912, to Oct 21 1912 that I last saw h er alive on Oct 21 1912, and that death occurred on the date stated above, at 4 H M.

The CAUSE OF DEATH* was as follows:
Premature child
.....
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Shumaker M. D.
Oct 30 1912 (Address) Grangeville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt Idaho
DATE OF BURIAL: Oct 21 1912

20. UNDERTAKER: none
ADDRESS: —

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 352
Registered No. 39

1. PLACE OF DEATH.
County of Clearwater
City of Orofino (No. ....., ... St.)
Registration District No. 17
Primary Registration District No. 2078
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Godfrey Estine.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
6. DATE OF BIRTH: June (Month) 6 (Day) 1912 (Year)
7. AGE: 58 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Germany
10. NAME OF FATHER: ?
11. BIRTHPLACE OF FATHER (State or Country): ?
12. MAIDEN NAME OF MOTHER: ?
13. BIRTHPLACE OF MOTHER (State or Country): ?

I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Geo H. Shreve
(Address) Orofino, Ida

15. Filed June 13 1912 J M Fairley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 6 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from July 10 1905, to June 6 1912 that I last saw him alive on June 3 1912 and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Cardiac Asthma

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity
..... (Duration) ..... yrs. 1 mos. ..... ds.
(Signed) Jno. Wiggins M. D.
June 13 1912 (Address) Orofino Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino, Ida — DATE OF BURIAL: June 7 1912
20. UNDERTAKER: Geo H. Shreve — ADDRESS: Orofino Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS, CHICAGO 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 359
Registered No. 40

1. PLACE OF DEATH. Registration District No. 17
County of Canyon Primary Registration District No. 2078
City of Orofino (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME G. W. Taylor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: ..... (Month) ..... (Day) 1844 (Year)
7. AGE: 68 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer) None
9. BIRTHPLACE (State or Country) America
10. NAME OF FATHER ?
11. BIRTHPLACE OF FATHER (State or Country) ?
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (State or Country) ?

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
nt) Jno Wilson
ddress) Orofino Ida

15. [illegible] 1917 J. M. Tinsley
Filed [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December 10, 1910 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14 1910, to Dec. 10½ 1910 that I last saw him alive on Dec 10½ 1910 and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.
Contributory (Secondary) Insanity
..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Jno. Wilson M. D.
Dec 10 1910 (Address) Orofino. Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Orofino Idaho — DATE OF BURIAL: Dec 13 1910

20. UNDERTAKER: Geo H Thorson — ADDRESS: Orofino, Ida

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO. ... BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3596
Registered No. 91

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

2. FULL NAME Albert H Heath

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed
6. DATE OF BIRTH: March 10 1834 (Month) (Day) (Year)
7. AGE: 88 yrs. 8 mos. 26 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Me
10. NAME OF FATHER: —
11. BIRTHPLACE OF FATHER (State or Country): Me
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (State or Country): Me

I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signed) Joseph Kauffman
(Address) Orofino, Ida

15. Filed Dec 8 1917 J. McFarly Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 6 1917 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1917, to Dec 6 1917 that I last saw h[illegible] alive on Dec 6 1917 and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (Duration) — yrs. ..... mos. ..... ds.
Contributory (Secondary) —
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. McFarly M. D.
Dec 6 1917 (Address) Orofino Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Orofino, Ida — DATE OF BURIAL: Dec 8 1917
20. UNDERTAKER: J. S. Hogue — ADDRESS: Orofino, Ida

SYMS-YORK CO., ... BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 359

Registered No. 36

1. PLACE OF DEATH.
County of Custer
City of Chilly, (No. ....., ... St.)

Registration District No. 14
Primary Registration District No. 2057

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Phoebe Paulina Iris

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 11 (Month) 13 (Day) 1900 (Year) ~~11 31 1900~~

7. AGE: 12 yrs. 1 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School girl.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: Evan Iris

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Paulina Carver

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. P. Richards —
(Address) Macclay, Idaho

15.
Filed Jan 9th 1913 C. L. Hirtle Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1912, to December 1912, that I last saw h[illegible] alive on 12/31 1912 and that death occurred on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus.

..... (Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) Pneumonia
..... (Duration) 5 yrs. ..... mos. 9 ds.

(Signed) L. P. Richards — M. D.
1/7 1913 (Address) Macclay, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Chilly, Idaho
DATE OF BURIAL: 1/4 1913

20. UNDERTAKER: Friends
ADDRESS: Home

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 14

County of Custer

Primary Registration District No. 2059

File No. 359

City of Bonanza (No. ....., ... St.)

Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Harry Bellamy

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Not known (Month) ..... 1 (Day) ..... (Year)

7. AGE

63 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE

(State or Country) Ireland

10. NAME OF FATHER Tis information was recd. by phone and is all that is known.

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. L. Kirtley.

(Address) Challis, Idaho.

15.

Filed Jan. 9th. 1913 C. L. Kirtley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec. (Month) 4th. (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from No physician 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Fibrosis of Lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonanza	Dec. 6th. 1912

20. UNDERTAKER	ADDRESS
Friends	Bonanza

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

[redacted]TIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH: Registration [redacted]t No. 14
County of Custer — Primary Re[redacted]n District No. 2060
City of ..... (No. ..... St.)
File No. 3600
Registered No. 34

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Amadiza Baker

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Widowed

6. DATE OF BIRTH: July 4 (Month) (Day) 185[illegible] (Year)

7. AGE: 60 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): West Virginia

10. NAME OF FATHER: Salathial Hill

11. BIRTHPLACE OF FATHER (State or Country): W. Va.

12. MAIDEN NAME OF MOTHER: Harriet Saunders

13. BIRTHPLACE OF MOTHER (State or Country): W. Va.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Baker
(Address) Clayton

15. Filed Dec. 18th 1912 C. E. Kirtley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 3 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1912, to Dec 3 1912
that I last saw h[illegible] alive on Nov 30 1912
and that death occurred on the date stated above, at 9 p. M.
The CAUSE OF DEATH* was as follows:
Intestinal obstruction

(Duration) ..... yrs. ..... mos. 20 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. W. Kelley M. D.
Dec 4 1912 (Address) Challis

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Clayton — DATE OF BURIAL: Dec 6th 1912

20. UNDERTAKER: Friends — ADDRESS: Clayton Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CHILD should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact NAME of OCCUPATION is very important. See instructions on back of certificate.

1-24-11

PLACE OF DEATH.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

County of Lincoln
City of Eden
Registration District No. 6
Primary Registration District No. 2017
(No. ....., ... St.)
File No. 3691
Registered No. 55

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hubert M. Allen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January (Month) 24 (Day) 1912 (Year)

7. AGE: ..... yrs. 10 mos. 19 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Lincoln Co Idaho

10. NAME OF FATHER: Oscar F Allen

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Nora Ellen McDowell

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jno Lenz
(Address) Hagelton Idaho

15. Filed Dec 15 1912 C F Tallen Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1912, to Dec 13 1912 that I last saw him alive on Dec 10 1912 and that death occurred on the date stated above, at 9:30 PM.

The CAUSE OF DEATH* was as follows:

Whooping Cough
(Duration) about ~~yrs~~ 2 mos. ..... ds.
Contributory Broncho pneumonia
(Secondary)
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Jno Lenz M. D.
Dec 14 1912 (Address) Hagelton Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Eden Idaho
DATE OF BURIAL: Dec 14 1912

20. ~~UNDERTAKER~~
W L Strange
ADDRESS: Milner Ida

Minister of the Gospel.

BLANK-YORK CO., PRINTERS & STATIONERS, OMAHA. 17168

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Shoshone
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 6
Primary Registration District No. 2016
(No. ....., ... St.)

File No. 3602
Registered No. 62
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Walter Bishop

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec 27 (Month) (Day) 1912 (Year)

7. AGE: 6 months yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: Oliver Bishop

11. BIRTHPLACE OF FATHER (State or Country): Colorado

12. MAIDEN NAME OF MOTHER: Mary Fraser

13. BIRTHPLACE OF MOTHER (State or Country): Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oliver Bishop
(Address) Gooding, Ida

15.
Filed Dec. 29 1912 C. R. Fuller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 12/28 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1912, to Dec 28 1912
that I last saw h— alive on Dec 28 1912,
and that death occurred on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
Dec 28 1912 (Address) Shoshone, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding Ida — DATE OF BURIAL: Dec. 29 1912

20. UNDERTAKER: O. F. Brennan — ADDRESS: Shoshone

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 2 ... CERTIFICATE OF DEATH

BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 6
County of Lincoln Primary Registration District No. 2016 File No. 3614
City of Dietrich (No. ..... St.) Registered No. 66
If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Harry John
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec 20 1912
(Month) (Day) (Year)

7. AGE: 1 Day
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Dietrich

10. NAME OF FATHER: John Anton

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Cathrin Braun

13. BIRTHPLACE OF MOTHER (State or Country): Nebraska

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Anton John
(Address) Dietrich

15. Filed 12/23 1912 C. F. Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1912, to Dec 22 1912 that I last saw h— alive on Dec 21 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pneumonia infant, fatty degeneration of placenta.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. F. Zeller M. D.
12/24 1912 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs. ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone
DATE OF BURIAL: 12/23 1912

20. UNDERTAKER: O. J. Brennan
ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 5
County of Lincoln Primary Registration District No. 2016
City of Shoshone (No. ....., ... St.)
File No. 3605
Registered No. 58
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Juan Ribera

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 24 (Month) ..... (Day) 1 (Year)
7. AGE: 24 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Sheep herder
(b) General nature of industry business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Spain
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (State or Country): ~~unknown~~ Spain
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or Country): Spain
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Domingo Solaya
(Address) Shoshone, Ida
15.
Filed Dec. 25 1912 O. F. Zeller Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 24 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Accidental discharge of shot gun in own hands. Injury to skull.
By (Duration) Coroners certificate
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) O F Zeller M. D.
Dec 25 1912 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Shoshone, Ida
DATE OF BURIAL: Dec. 28 1912
20. UNDERTAKER: O J Brennan
ADDRESS: Shoshone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Gooding
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2014
(No. ....., ... St.)

File No. 3646
Registered No. 50
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Daniel R Eplee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: Mar 19 1843 (Month) (Day) (Year)

7. AGE: 69 yrs. 8 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farming
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: D L Eplee

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D C Eplee
(Address) Gooding

15.
Filed Nov 24 1912 J H Cromwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1912, to Nov 24 1912 that I last saw h[illegible] alive on Nov 24 1912, and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:
Pernicious Anemia
(Duration) 2 yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Cromwell M. D.
Nov 24 1912 (Address) Gooding Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elberta Colo — DATE OF BURIAL: Nov 27 1912

20. UNDERTAKER: F E Thompson — ADDRESS: Gooding

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH [redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3607

Registered No. 54

1. PLACE OF DEATH.
County of Lincoln
City of Wendell

Registration District No. 54
Primary Registration District No. 2018
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sherburn M. Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: January (Month) 11th (Day) 1886 (Year)
7. AGE: 26 yrs. 9 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Barber.
(b) General nature of industry business or establishment in which employed (or employer): Pres. Wendell State Bank
9. BIRTHPLACE (State or Country): Milwaukee Wis
10. NAME OF FATHER: Grant A. Smith
11. BIRTHPLACE OF FATHER (State or Country): Fox Lake Wis.
12. MAIDEN NAME OF MOTHER: Marion Merrill
13. BIRTHPLACE OF MOTHER (State or Country): Milwaukee Wis
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Merrill
(Address) Box 206 Milwaukee Wis
15. Filed Jan 7 1913. [redacted] H. E. Lamb Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1912, to Oct 10 1912 that I last saw h[illegible] alive on Oct 9 1912 and that death occurred on the date stated above, at 6-10 A M.

The CAUSE OF DEATH* was as follows:
Septic Pneumonia following gun shot wounds of stomach

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Lamb M. D.
Oct 14 1912 (Address) Wendell, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Home Milwaukee Wis — DATE OF BURIAL: Oct 14th 1912

20. UNDERTAKER: Patterson & Brigden Co — ADDRESS: Milw. Wis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 4
Primary Registration District No. 5039
File No. 3608
Registered No. 142

1. PLACE OF DEATH.
County of Fremont
City of Salem
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Ann Dillon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
F	W	Married

6. DATE OF BIRTH: June 10 (Month) (Day) 1854 (Year)

7. AGE: 58 yrs. 6 mos. 21 ds. IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Housewife

9. BIRTHPLACE (State or Country) England.

10. NAME OF FATHER John Bradley

11. BIRTHPLACE OF FATHER (State or Country) England

12. MAIDEN NAME OF MOTHER ~~Martha Williams~~ Martha Williams

13. BIRTHPLACE OF MOTHER (State or Country) England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. E. Dillon.
(Address) Salem.

15. Filed Jan. 10 1913 Ray H. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 31 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Probably Embolism.
No Doctor.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. G. Espy M. D.
Dec 31/19 12 (Address) Returned.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Returned. DATE OF BURIAL: Jan. 4 1913

20. UNDERTAKER: J. R. Young. ADDRESS: Returned.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2039
File No. 3609
Registered No. 141

1. PLACE OF DEATH.
County of Fremont
City of Rexburg (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Thelma H. Parkinson.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F.	W	Sgl.

6. DATE OF BIRTH: Aug 25 (Month) (Day) 1912 (Year)

7. AGE: yrs. 3 mos. 13 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: T. E. Parkinson

11. BIRTHPLACE OF FATHER (State or Country): Ut.

12. MAIDEN NAME OF MOTHER: Sarah Hansen

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. E. Parkinson.
(Address) R. Rexburg

15. Filed Jan 10 191 3 Ray B. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 11 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1912 to Dec 11 1912, that I last saw h[illegible] alive on Dec 11 1912, and that death occurred on the date stated above, at 10 a. M.
The CAUSE OF DEATH* was as follows:

Pneumonia.
Chronic indigestion.

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Gaspar. M. D.
Dec 19 13 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg. DATE OF BURIAL: 12-12 191 2

20. UNDERTAKER: John Phillips. ADDRESS: Rexburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Lyman
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2039
(No. ....., ... St.)

File No. 3610
Registered No. 140
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elbert R. Arnold

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Dec. 2 (Month) (Day) 1913 (Year)

7. AGE: ..... yrs. ..... mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho,

10. NAME OF FATHER: Elbert. Arnold.

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Eva Smith

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. E. V. Arnold.
(Address) R. 4 Lyman

15. Filed 12-17 1913 Chas. W. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 16 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1913, to Dec. 16 1913
that I last saw h*is* alive on Dec 16 1913
and that death occurred on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Pneumonia following
Influenza Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. A. Kinman M. D.
Dec 17 1913 (Address) R 4 Lyman Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lyman. DATE OF BURIAL: Dec 18 1913

20. UNDERTAKER: John Phillips ADDRESS: R 4 Lyman

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Coffield.
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2040
(No. ..... St.)

File No. 3613
Registered No. 139
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Irene E. Saltzer.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov 2 1862 (Month) (Day) (Year)

7. AGE: 50 yrs. 10 mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife,
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa.

10. NAME OF FATHER: J. J. Robins.

11. BIRTHPLACE OF FATHER (State or Country): Not Known.

12. MAIDEN NAME OF MOTHER: Hydie Williams

13. BIRTHPLACE OF MOTHER (State or Country): America.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Geo. E. Saltzer.
(Address): Ryan - R.F.D.

15.
Filed Jan 10 1913 Ray N. Tinker
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1912, to Dec 15 1912, that I last saw h[illegible] alive on Nov. 30 1912, and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas and stomach.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray N. Tinker M. D.

Dec 16 1912 (Address) Ryan - Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grant, Idaho — DATE OF BURIAL: Dec 18 1912

20. UNDERTAKER: F. H. Hunt. — ADDRESS: Idaho Falls Ida.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3619
Registered No. 132

1. PLACE OF DEATH. Registration District No. 16
County of Key Reece Primary Registration District No. 2074
City of Near Reubens (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant of James Bonslie

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: November 8th 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. ..... mos. One ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: James Bonslie

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: Alice Papineau

13. BIRTHPLACE OF MOTHER (State or Country): Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Bonslie
(Address) Reubens

15.
Filed Jan. 10 1913 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 9th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h..... alive on — 191...
and that death occurred on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:
Not known, saw Infant after death. Indication, some Cause Producing Convulsions. Parents went to bed at night, found baby dead in the morning.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) — (Duration) — yrs. — mos. — ds.

(Signed) George Gaignard M. D.
Nov. 9th 1912 (Address) Reubens

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Reubens — DATE OF BURIAL: Nov. 9 1912

20. UNDERTAKER: James Bonslie — ADDRESS: Reubens

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 16
Primary Registration District No. ~~15~~ 2117
File No. 3620
Registered No. 133

1. PLACE OF DEATH.
County of Key Pence
City of Lapwai
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Martha Green

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: ..... (Month) ..... (Day) 1856 (Year)
7. AGE: 56 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer): Home wife
9. BIRTHPLACE (State or Country): Penn
10. NAME OF FATHER: John Sheffield
11. BIRTHPLACE OF FATHER (State or Country): Penn
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (State or Country): Penn
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Lapwai
(Address) Lapwai Idaho
15. Filed Dec 1 1912 John M Alley Local Registrar
Jan. 10-1918 D.J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 21 1912, to Dec 1 1912, that I last saw her alive on Nov 30 1912 and that death occurred on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Cancer of the Stomach
..... (Duration) 1 yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John M Alley M.D.
Dec 1 1912 (Address) Lapwai

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Dec 2 1912
20. UNDERTAKER: J. T Lapwai son in Law
ADDRESS: Lapwai

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3621
Registered No. 134

1. PLACE OF DEATH
County of Nez Perce
City of Lewiston (No. 1318, 10th St.)

Registration District No. 16
Primary Registration District No. 1009

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. G. Houghton

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept 22 1865 (Month) (Day) (Year)

7. AGE: 47 yrs. 3 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Locomotive Engineer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minn

10. NAME OF FATHER: Wm Houghton

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: Emelia Kahlow

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. G. Houghton
(Address) 1318 - 10th Street

15.
Filed Jan. 10 1913 L. J. Perkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 8 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7th 1912, to Dec 8th 1912 that I last saw him alive on Dec 8th 1912 and that death occurred on the date stated above, at 4-40 P. M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis
with Gastro intestinal auto intoxication

(Duration) ..... yrs. ..... mos. 22 ds.

Contributory (Secondary): Unknown
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar W. White M. D.
Dec 9th 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida
DATE OF BURIAL: Dec. 10 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3622
Registered No. 135

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 1412, 11th St.)

Registration District No. 16
Primary Registration District No. 1609

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME W. J. Snavely

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct (Month) 10 (Day) 1855 (Year)

7. AGE: 57 yrs. 2 mos. 1 ds.
IF LESS than 1 day how many.....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Samuel Snavely

11. BIRTHPLACE OF FATHER (State or Country): not known

12. MAIDEN NAME OF MOTHER: Helen Tabor

13. BIRTHPLACE OF MOTHER (State or Country): not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Ferguson
(Address)

15. Filed Jan. 10 1913 P.G. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....191..., to Dec 11 1912
that I last saw h.im alive on Dec 10 1912
and that death occurred on the date stated above, at 1.25 P.M.

The CAUSE OF DEATH* was as follows:
Pernicious Anaemia

(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary) Pernicious Anaemia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar L White M. D.
Dec 11 1912 (Address) Lewiston Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: to Rapid City S.D.
DATE OF ~~BURIAL~~ shipment: Dec 17 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise

Registration District No. 12
Primary Registration District No. 1009
(No. ....., Hospital St.)

File No. 3623
Registered No. 136

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Estai Fox

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Nov (Month) 14 (Day) 1903 (Year)

7. AGE: 9 yrs. mos. 28 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Juliaetta Idaho

10. NAME OF FATHER: F J Fox

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Ella Taylor

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F J Fox
(Address) Juliaetta

15.
Filed Jan 10 1913 J J Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 11th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1912, to Dec 11th 1912
that I last saw h[illegible] alive on Dec 11th 1912
and that death occurred on the date stated above, at 5-0 M.

The CAUSE OF DEATH* was as follows:
Appendicitis with general infection
Perforated
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) F. O. Rounsefell M. D.
Dec 12 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Juliaetta
DATE OF BURIAL: Removal Dec 12 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3624
Registered No. 137

1. PLACE OF DEATH. Registration District No. 16
County of Nez Perce Primary Registration District No. 1009
City of Lewiston (No. St. Joseph Hospital St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Negro

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Man

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~. (*Write* the word.): Single

6. DATE OF BIRTH: Oct. 26th 1841 (Month) (Day) (Year)

7. AGE: 71 yrs. 1 mos. 20 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Servant
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Italy

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country): Italy

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rev. Vincent Chiappa
(Address) 633 5th Ave.

15. Filed Jan. 10 1913 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1911, to Dec 16 1912 that I last saw h... alive on Dec 16 1912 and that death occurred on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:

Heart disease

(Duration) 4 yrs. mos. ds.

Contributory (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

(Signed) T. F. Hurley M. D.

Dec 16 1912 (Address) Lewiston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewiston Ida. DATE OF BURIAL: Dec. 18 1912

20. UNDERTAKER: C. J. Vassar ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½ M. 7-24-11

1. PLACE OF DEATH
County of Nez Perce
City of Lewiston (No. 706, 8th St.)

Registration District No. 16
Primary Registration District No. 669
File No. 3625
Registered No. 138

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Leona Payne

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: June (Month) 11 (Day) 1 (Year)

7. AGE: 37 yrs. 7 mos. 8 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ind.

10. NAME OF FATHER: J. Goodman

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Mary Immel

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Payne
(Address) Lewiston

15.
Filed Jan. 10 1913 R. J. Perkins Local Registrar

L CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw h— alive on ——— 191...
and that death occurred on the date stated above, at ——— M.

The CAUSE OF DEATH* was as follows:
Accidental shooting

(Duration) ——— yrs. ——— mos. ——— ds.

Contributory (Secondary)
(Duration) ——— yrs. ——— mos. ——— ds.

(Signed) C. J. Vassar Coroner M. D.
11/19 1912 (Address) Lewiston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Olean Mo.
DATE OF BURIAL: 1912

20. UNDERTAKER: C J Vassar
ADDRESS: Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of NezPerce
City of Lookout

Registration District No. 16
Primary Registration District No. 2074
(No. ....., ... St.)

File No. 3626
Registered No. 139

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert Duncan

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: May (Month) q12 (Day) 1841 (Year)

7. AGE: 71 yrs. 7 mos. 12 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Duncan
(Address) Lookout Ida

15.
Filed Dec 25 1912
Dec. Jan. 10 1913 - E. G. Rubin
E E. Watts Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1912, to Dec 14 1912, that I last saw him alive on Dec 14 1912, and that death occurred on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis

(Duration) 31 yrs. — mos. — ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Watts M. D.
12-25 1912 (Address) Gifford Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lookout
DATE OF BURIAL: 12-26 1912

20. UNDERTAKER: Moore
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

[redacted] [redacted]

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Lewiston (No. 813, 6th Ave St.)
Registration District No. 1
Primary Registration District No. 1009
File No. 3627
Registered No. 140
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME W. B. Looper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: June (Month) 6 (Day) 123 (Year)
7. AGE: 86 yrs. 6 mos. 19 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION [redacted] ..... (Employer) .....
9. BIRTHPLACE (State or Country): Not Known
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (State or Country): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (State or Country): " "
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. Armstrong
(Address) [redacted]
15. Filed Jan. 10 1913 L. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 26 (Month) (Day) 191 2 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 11 191 , to Dec 26 191 2
that I last saw h[redacted] alive on Dec 26 191 2
and that death occurred on the date stated above, at 2.30 P.M.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilation
..... (Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) Senility
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C W Shuffon M. D.
Dec 26 1912 (Address) Lewiston

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Lewiston
DATE OF BURIAL: Dec 27 191 2
20. UNDERTAKER: C J Vassar
ADDRESS

N. B.—Every item of information should be carefully WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 1. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3628
Registered No. 141

1. PLACE OF DEATH.
County of Nez Perce
City of Lenore (No. ....., ... St.)

Registration District No. 16
Primary Registration District No. 2076

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Catherine Erikson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Aug 15 (Month) (Day) 1835 (Year)

7. AGE: 77 yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Errick Erikson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Christina Larson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Franquest
(Address) Lenore Idaho

15.
Filed Dec 29 1912
Jan. 13-913
P. J. Perkins Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 29th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1912, to Dec 29 1912 that I last saw her alive on Dec 28 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:
Was Paralysis of the right side.

..... (Duration) ..... yrs. ..... mos. 9 ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E E Watts M. D.
Dec 29 1912 (Address) Gifford

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Sunnyside
DATE OF BURIAL: Dec 31 1912

20. UNDERTAKER: Stoddard
ADDRESS: Gifford Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 7148

W. H. Bundy

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Nez Perce
City of Culdesac

Registration District No. 16
Primary Registration District No. 2117
(No. ....., ... St.)

File No. 3629
Registered No. 142

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wm C. Bundy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 12 (Month) 31 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: Wm H Bundy

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Dell Bundy

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M. Alley
(Address) Lapwai

15. Filed Jan 6 1913 John M Alley Local Registrar
Jan 18 1913 R. J. Constans

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-30 1912., to 12 31 1912
that I last saw him alive on Dec 12 1912
and that death occurred on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Concussion of Brain

..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Injury - Forth
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John M. Alley M. D.
Jan 6 1913 (Address) Lapwai

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: C. J. Varsar
ADDRESS: Lewiston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF ~~DEATH~~

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Genesee

Registration District No. 15
Primary Registration District No. 2062
(No. ....., ... St.)

File No. 3639
Registered No. 149

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs Katherine Maersch

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Oct. (Month) 9 (Day) 1863 (Year)

7. AGE: 49 yrs. 2 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmers Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wisc.

10. NAME OF FATHER: Nick Hubert

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: A. Mc. Gulig

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Maersch
(Address) Genesee

15.
Filed 12-26 1912 W. H. Ehlen
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1912 to Dec 18 1912
that I last saw h[er] alive on Dec 18 1912
and that death occurred on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) Carcinoma
(Duration) ..... yrs. 8 mos. ..... ds.

(Signed) C. T. Murray M. D.
Dec 21 1912 (Address) Genesee Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence ..... Genesee

19. PLACE OF BURIAL OR REMOVAL: Potlatch I. E. Lambert
DATE OF BURIAL: 12-21 1912

20. UNDERTAKER: .....
ADDRESS: Genesee Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

EYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lolok
City of Murphy Mine (No. ....., ... St.)

Registration District No. 15
Primary Registration District No. 2062

File No. 3631
Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Agnes M Liner

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ (Write the word.): Single

6. DATE OF BIRTH: May (Month) 3 (Day) 1894 (Year)

7. AGE: 18 yrs. 7 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tacoma Wash

10. NAME OF FATHER: John S Liner

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Hannah Hanson

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O W Liner
(Address) Helmer

15.
Filed Dec 13 1912 — E F Ray, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Gun shot wound of abdomen & thorax & Jessie Dillman

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) L B M Burton Coroner
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bear Creek — DATE OF BURIAL: Dec 15 1912

20. UNDERTAKER: C L Shaw — ADDRESS: Palouse

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah.
City of Juliaetta
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2127.

File No. 3634
Registered No. 132

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Estella Baldwin.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: Feby (Month) ..... (Day) 1877 (Year)
7. AGE: 35 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Michigan
10. NAME OF FATHER: Joseph Hook.
11. BIRTHPLACE OF FATHER (State or Country): —
12. MAIDEN NAME OF MOTHER: Mary Look.
13. BIRTHPLACE OF MOTHER (State or Country): —
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Baldwin
(Address) .....
15. Filed Nov. 7 1912 — J.A. Roe — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 6 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov. 6. (AM) 1912, to Nov. 6. (PM) 1912 that I last saw her alive on Nov. 6. 1912 and that death occurred on the date stated above, at 7 30 P.M.
The CAUSE OF DEATH* was as follows:
Heart Disease. and probably Aneurism.
(Duration) 4 yrs. — mos. — ds.
Contributory (Secondary) Cancer Stomach.
(Duration) — yrs. — mos. — ds.
(Signed) D. A. Roe, M. D.
Nov. 7. 1912 (Address) Juliaetta, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Clearwater. Ida.
DATE OF BURIAL ..... 191...
20. UNDERTAKER: J.C. Groseclose.
ADDRESS: Juliaetta Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3685
Registered No. 140

1. PLACE OF DEATH.
County of Latah
City of Troy
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Ruth Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 3 (Day) 1911 (Year)

7. AGE: 1 yrs. 6 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Troy Idaho

10. NAME OF FATHER: James W Johnson

11. BIRTHPLACE OF FATHER (State or Country): Michigan

12. MAIDEN NAME OF MOTHER: Maud E Sly

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James W Johnson
(Address)

15. Filed Dec 14 1912 J W Olson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1912, to Dec 13 1912
that I last saw her alive on Dec 12 1912
and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Whooping Cough

(Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) Bronchi Pneumonia
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J W Olson M. D.
Dec 14 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bugh cemetery — DATE OF BURIAL: Dec 14 1912

20. UNDERTAKER: J A Armstrong — ADDRESS: Troy Idaho

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

File No. 3837
Registered No. 141
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alma Sophia Hokanson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ~~Dec~~ Nov 27 (Month) (Day) 1894 (Year)

7. AGE: 18 yrs. ..... mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Troy Idaho

10. NAME OF FATHER: Andrew Hokanson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Emma Sophia Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Hokanson
(Address) Troy Idaho

15.
Filed Dec 18 1912
J W Wilson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1910, to Dec 17 1912
that I last saw her alive on Dec 3 1912
and that death occurred on the date stated above, at 11.40 P.M.

The CAUSE OF DEATH* was as follows:
Articular Rheumatism
Valvular Heart Disease
..... (Duration) 4 yrs. ..... mos. ..... ds.
Contributory (Secondary) acute dilation Heart oedema Lungs
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J W Wilson M. D.
Dec 18 1912 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Troy Creek cemetery Troy Ida
DATE OF BURIAL: Dec 19 1912

20. UNDERTAKER: Mrs. Emil Fridmon
ADDRESS: Troy Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3635
Registered No. 14

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2065
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME anders Ruberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Aug (Month) 15 (Day) 1835 (Year)

7. AGE: 77 yrs. 3 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Carl Anderson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Mary Anderson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grant Ruberg
(Address) Troy Idaho

15. Filed Dec 4 1912 J. W. Olson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1912, to Dec 2 1912
that I last saw him alive on Dec 1st 1912
and that death occurred on the date stated above, at 7a. M.

The CAUSE OF DEATH* was as follows:
Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Acute Indigestion
..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) J. W. Olson M. D.
Dec 4 1912 (Address) J. W. Olson

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burnt Ridge Cemetery — DATE OF BURIAL: Dec 5 1912

20. UNDERTAKER: Walter Pearson — ADDRESS: Troy Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3035
Registered No. 136

1. PLACE OF DEATH. Registration District No. 15.
County of Latah Primary Registration District No. 2066
City of Potlatch (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Easter Anne Thompson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. (Write the word.): Married

6. DATE OF BIRTH: (Not Known) (Month) (Day) 1 (Year)

7. AGE: 75 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Pennsylvania

10. NAME OF FATHER: William Love

11. BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Easter A Love

13. BIRTHPLACE OF MOTHER (State or Country): Dont know

14. THE ABOVE IS TRUE TO ~~THE~~ BEST OF MY KNOWLEDGE
(Informant) Wm Thompson
(Address) Palouse

15. Filed Dec. 15 1912 D. Jr. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h alive on Nov 3 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Chronic Stomach trouble probably carcinomatous
(Duration) Years yrs. ..... mos. ..... ds.
Contributory (Secondary) General exhaustion
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. B. Hamerson M. D.
..... 19..... (Address) Palouse

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~ DATE OF BURIAL
Troeze Dec 15 1912

20. UNDERTAKER: Chas Sheen ADDRESS: Palouse

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3[illegible]

Registered No. 143

1. PLACE OF DEATH.
County of Latah
City of, Palouse

Registration District No. 15
Primary Registration District No. 2066.
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas. Chupeta

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED ~~OR DIVORCED~~. (Write the word.)
Male	White	

6. DATE OF BIRTH: Aug (Month) 18 (Day) 1858 (Year)

7. AGE: 54 yrs. 4 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sawyer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER:

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Anna Mozkopolsky

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Chupeta
(Address) Palouse, Idaho

15.
Filed Dec. 7th 1912. D. J. Jr. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-6 1912, to 12-6 1912
that I last saw him alive on 12-6 1912
and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Carbolic acid Taken Internally with suicidal Intent
sudden (Duration) — yrs. — mos. 1½ hours

Contributory (Secondary) .....
(Duration) — yrs. — mos. — ds.

(Signed) J. S. LeBard M. D.
12-7 1912 (Address) Potlatch Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Troy — DATE OF BURIAL: Dec 8 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Latah
City of Deary
(No. ....., ... St.)

Registration District No. 15
Primary Registration District No. 2068

File No. 3633
Registered No. 145

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Hamer Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 22. (Day) 1894 (Year)

7. AGE: 18 yrs. 11 mos. 6 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Minn.

10. NAME OF FATHER: Bengt Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Louise Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. H. Peterson
(Address) St. Maries Ida.

15. Filed Dec 28 1912 P. E. Faust. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1912 to Dec 28 1912
that I last saw him alive on Dec 28 1912
and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Acute Septic Meningitis
accidental.

(Duration) 0 yrs. 0 mos. 2 ds.
Contributory (Secondary) Cerebral hemorrhage
(Duration) 4 yrs. 4 mos. 3 ds.

(Signed) P. E. Faust M. D.
Dec 28 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Zion Cemetery
DATE OF BURIAL: Dec 30 1912

20. UNDERTAKER: none
ADDRESS: -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah.
City of Deary
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 2068
(No. ....., ... St.)

File No. 3639
Registered No. 146
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Nov. (Month) 12 (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 0 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) infant

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Orrin J. Stockdale

11. BIRTHPLACE OF FATHER (State or Country): Minn.

12. MAIDEN NAME OF MOTHER: Elizabeth A Sborn

13. BIRTHPLACE OF MOTHER (State or Country): Minn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bernice E Sborn
(Address) Deary Idaho

15. Filed Dec. 1 1912 P. E. Faust
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from never 191..., to saw. 191...
that I last saw h— alive on ..... 191...
and that death occurred on the date stated above, at — M.
The CAUSE OF DEATH* was as follows:
don't know

— (Duration) — yrs. — mos. — ds.
Contributory (Secondary) .....
..... (Duration) — yrs. — mos. — ds.
(Signed) P. E. Faust M. D.
11/19 1912 (Address) Deary

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Elwood Cemetery
DATE OF BURIAL: 11/13 1912

20. UNDERTAKER: none
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 15

Primary Registration District No. 1008

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3611

Registered No. 148

1. PLACE OF DEATH.
County of Latah
City of Moscow
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME J. F. Edwin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June 28th 1890 (Month) (Day) (Year)

7. AGE: 22 yrs. 5 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Seattle

10. NAME OF FATHER: C. J. Edwin

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Annie Carlson

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. R. Edwin
(Address) Moscow, Idaho

15. Filed Dec 26 1912 J. F. Kan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1912 to Dec 23 1912, that I last saw him alive on Nov 20 1912, and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:
Addison's Disease

(Duration) 2 yrs. 3 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph Aspray M. D.
Dec 24/1912 (Address) Moscow Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Dec 26 1912

20. UNDERTAKER: Geo Stolz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19750

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Troy
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 7
Primary Registration District No. 1608
(No. ..., ... St.)

File No. 361
Registered No. 144
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Vincent

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married.
6. DATE OF BIRTH: Feb. (Month) 7 (Day) 1852 (Year)
7. AGE: 60 yrs. 9 mos. 30 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Europe
10. NAME OF FATHER: Christ Jus Vincent
11. BIRTHPLACE OF FATHER (State or Country): Europe
12. MAIDEN NAME OF MOTHER: Marie Erickson
13. BIRTHPLACE OF MOTHER (State or Country): Europe
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amanda F. Vincent
(Address) Deland Idaho
15. Filed Dec 6 1912 D F Rose Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 5 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from November 26 1912, to Dec. 5 1912, that I last saw him alive on Dec. 5 1912, and that death occurred on the date stated above, at 8:25 P. M.
The CAUSE OF DEATH* was as follows:
Hepatic Cirrhosis
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) Chas. L. Pritman M. D.
Dec-6-1912 (Address) Moscow, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Deland Idaho — DATE OF BURIAL: 12-7 1912
20. UNDERTAKER: Geoff Stelz. — ADDRESS: Moscow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3640
Registered No. 48

1. PLACE OF DEATH.
County of Lewis
City of Reubens

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Zetta James

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: January (Month) 11 (Day) 1892 (Year)

7. AGE: 20 yrs. - mos. - ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Washington

10. NAME OF FATHER: Thomas James

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Nellie McGrail

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Wilson
(Address) Reubens

15.
Filed 1-11-1913 Elsie B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: January (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1911, to Oct 16 1911 that I last saw h alive on Dec. 1911 and that death occurred on the date stated above, at 8.05 A.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) ..... yrs. 8 mos. 4 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George Gassman M. D.
Jan. 11 1912 (Address) Reubens

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Reubens
DATE OF BURIAL: ..... 191...

20. UNDERTAKER: W. E. Stoddard
ADDRESS: Gifford Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3646

Registered No. 49

1. PLACE OF DEATH.

County of Lewis

City of Kamiah

Registration District No. 32

Primary Registration District No. 2126

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Wm Wesley Whaler

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1834 (Year)

7. AGE: 78 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Stock Raiser
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Dont Know

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (State or Country): Dont Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Linder
(Address) Kamiah

15. Filed Nov 12 1912 E Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 7 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1912, to Nov 7 1912 that I last saw him alive on Nov 7 1912 and that death occurred on the date stated above, at 7 P M.

The CAUSE OF DEATH* was as follows:

Asthma

..... (Duration) 15 yrs. 11 mos. 1 ds.

Contributory (Secondary) Abscess of Lung

..... (Duration) 15 yrs. 11 mos. 7 ds.

(Signed) E Taylor M. D.

Nov 7 1912. (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kamiah — DATE OF BURIAL: Nov 8 1912

20. UNDERTAKER: C F Johnson — ADDRESS: Kamiah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3617
Registered No. 170

1. PLACE OF DEATH.
County of Lemhi
City of Winchester

Registration District No. 92
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Daniel Albert Kriebel

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August 6 (Month) (Day) 1912 (Year)

7. AGE: ....yrs. 3 mos. 27 ds.
IF LESS than 1 day how many .....hrs. or .....min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: X
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Winchester, Idaho

10. NAME OF FATHER: D. B. Kriebel

11. BIRTHPLACE OF FATHER (State or Country): Penna

12. MAIDEN NAME OF MOTHER: Mary Dassel

13. BIRTHPLACE OF MOTHER (State or Country): Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. B. Kriebel
(Address) Winchester

15.
Filed 12-3-1912 Elias B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 3rd (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1912, to Dec 3rd 1912, that I last saw him alive on Dec 3rd 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) All his life yrs. mos. ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elias B. Rogers M. D.
12-3-1912 (Address) Winchester Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....ds.
In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: I.O.O.F. Cemetery No. Ida.
DATE OF BURIAL: 12-5-1912

20. UNDERTAKER: none
ADDRESS: —

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lemhi
City of Winchester

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

File No. 3619
Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Kramer Edward Keaty

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August 4th 1908 (Month) (Day) (Year)

7. AGE: 4 yrs. 4 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Texas

10. NAME OF FATHER: Wm Frank Keaty

11. BIRTHPLACE OF FATHER (State or Country): N. Carolina

12. MAIDEN NAME OF MOTHER: Emma Hyder

13. BIRTHPLACE OF MOTHER (State or Country): Texas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Frank Keaty
(Address) Winchester, Idaho

15.
Filed Dec 7 1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December 6 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from —— 191..., to —— 191...
that I last saw h— alive on —— 191...
and that death occurred on the date stated above, at 2 P M.
The CAUSE OF DEATH* was as follows:
Drowning by falling through Ice

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Elton B. Rogers M. D.
Dec 7 1912 (Address) Winchester

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 12th 1912

20. UNDERTAKER: none employed — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3650
Registered No. 52

1. PLACE OF DEATH.
County of Lewis
City of Ilo

Registration District No. 32
Primary Registration District No. 2127
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ralph Alexander

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Single

6. DATE OF BIRTH: Oct (Month) 28 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 28 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ilo. Idaho.

10. NAME OF FATHER: Albert M. Alexander

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Harriet J Gillespie

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert M. Alexander
(Address) Ilo Idaho.

15.
Filed 12-28-1912 Elton B. Rogers
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw him alive on Oct 31 1912
and that death occurred on the date stated above, at from 2 a.m. to 5 a.m. M.

The CAUSE OF DEATH* was as follows:
Tympanitis - (was found dead in bed)

..... (Duration) ..... yrs. 1 mos. 28 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Parrish M. D.
12-27 1912 (Address) Ilo Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ilo Idaho I.O.O.F Cemetery
DATE OF BURIAL: 12-27 1912

20. UNDERTAKER: Ilo Hdw & Imp Co.
ADDRESS: Ilo Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Kamiah (No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2128

File No. 3651
Registered No. 3-8

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Andry J. Taylor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May (Month) 17 (Day) 1832 (Year)

7. AGE: 80 yrs. 7 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Andry Taylor

11. BIRTHPLACE OF FATHER (State or Country): Massachusetts

12. MAIDEN NAME OF MOTHER: Laura Ellsworth

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John S Taylor
(Address) Kamiah Idaho

15.
Filed Jan 8 1913
E. Taylor M D
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec 30 1912
Dec (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1912, to Dec 31 1912,
that I last saw him alive on Dec 23 1912
and that death occurred on the date stated above, at 11 P M.
The CAUSE OF DEATH* was as follows:

Senil old age

1 (Duration) ..... yrs. 1 mos. ..... ds.
Contributory (Secondary) None
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) E Taylor M. D.
Dec 31 1912 (Address) Kamiah

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Old Cem Kamiah
DATE OF BURIAL: Jan 1 1913

20. UNDERTAKER: C F Johnson
ADDRESS: Kamiah

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3652
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Kimberly

Registration District No. 23
Primary Registration District No. 2087
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Minerva Brothers

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 15 (Day) 1896 (Year)

7. AGE: 26 yrs. 1 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: J. F. Willis

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Maria Duffin

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herbert Brothers
(Address) Kimberly

15.
Filed 12-21 1912 John H. Englehorn Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 20th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 25th 1912, to Dec. 20th 1912
that I last saw her alive on Dec. 20th 1912
and that death occurred on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ✓ yrs. ✓ mos. 21 ds.

Contributory (Secondary) Ulcerative Endocarditis

✓ (Duration) ✓ yrs. ✓ mos. 4 ds.

(Signed) John J. Whyte M. D.

Dec. 20th 1912 (Address) Kimberly

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Cemetery — DATE OF BURIAL: Dec 22 1912

20. UNDERTAKER: C. J. Grossmade — ADDRESS: Twin Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3655
Registered No.

1. PLACE OF DEATH. Registration District No. 23
County of Twin Falls Primary Registration District No. 2085
City of T. (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Guy B Sierer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: Nov. (Month) 30 (Day) 1814 (Year)
7. AGE: 38 yrs. 2 mos. 15 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Realestate & Insurance
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Ohio
10. NAME OF FATHER: John P Sierer
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Ellinor Vaughn
13. BIRTHPLACE OF MOTHER (State or Country): Ohio
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Sierer
(Address) Twin Falls
15.
Filed 12 16 1912 John H Congdon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 15 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1912, to Dec 15 1912
that I last saw h[illegible] alive on Dec 15 1912
and that death occurred on the date stated above, at 8 00 M.
The CAUSE OF DEATH* was as follows:
Intestinal obstruction, followed by peritonitis.
(Duration) ..... yrs. ..... mos. 12 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H Worden M. D.
Dec. 17 1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Orchard Land — DATE OF BURIAL: 12-16 1912
20. UNDERTAKER: L. Claude Stewart — ADDRESS: Twin Falls.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3654
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of [illegible]
Registration District No. 23
Primary Registration District No. 2085
(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Bernard Enright

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: July (Month) 2 (Day) 1912 (Year)
7. AGE: 5 yrs. 5 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....
9. BIRTHPLACE (State or Country): Idaho.
10. NAME OF FATHER: Fred G Enright
11. BIRTHPLACE OF FATHER (State or Country): Penn.
12. MAIDEN NAME OF MOTHER: Sylva Christopherson
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Enright
(Address) Burley Ida
15.
Filed 12-16 1912 John E Engle
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 16 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1912, to Dec 16 1912
that I last saw him alive on Dec 16 1912
and that death occurred on the date stated above, at 3 P M.
The CAUSE OF DEATH* was as follows:
Hydronephrosis
(Duration) ..... yrs. ..... mos. 10 ds.
Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) [illegible] M. D.
Dec 16 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Twin Falls Idaho
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sublett Ida
DATE OF BURIAL: Dec 18 1912
20. UNDERTAKER: S Claude Stewart
ADDRESS: Twin Falls

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Twin Falls
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2085
(No. ....., ... St.)

File No. 3655
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Fanny Fitzsimmons

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Widowed

6. DATE OF BIRTH
May 22, 1842
(Month) (Day) (Year)

7. AGE
70 yrs. 6 mos. 22 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE
(State or Country) Saco, New York State

10. NAME OF FATHER: James L. Sortor

11. BIRTHPLACE OF FATHER
(State or Country) Vermont ?

12. MAIDEN NAME OF MOTHER: Francis Bruce

13. BIRTHPLACE OF MOTHER
(State or Country) Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joe Fitzsimmons
(Address) Kimberly Idaho

15.
Filed 12-14 1912 John W. Coughlin
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
12 (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Dec 14th 1912, that I last saw h.r alive on Dec 11th 1912, and that death occurred on the date stated above, at 7 10 A.M.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis

(Duration) Many yrs. mos. ds.
Contributory (Secondary) Senility
(Duration) Many yrs. mos. ds.

(Signed) W. T. Pike M. D.
12/14/1912 (Address) Twin Falls, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls. DATE OF BURIAL: 12-16 1912

20. UNDERTAKER: Evans & Cooley ADDRESS: Twin Falls

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3656
Registered No.

1. PLACE OF DEATH.
County of Twin Falls
City of Burke

Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. Rose Pfluger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married.
6. DATE OF BIRTH: May (Month) 31 (Day) 1862 (Year)
7. AGE: 50 yrs. 6 mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Portage, Wis.
10. NAME OF FATHER: Fredrick Giese
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Miss. Rose Giese
13. BIRTHPLACE OF MOTHER (State or Country): ~~Portage Wis.~~ Germany
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. Monroe M. D.
(Address) Burke, Ida.
15. Filed 12-7 1912 J. W. Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) Thursday (Day) 6 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1912, to Dec. 6 1912
that I last saw h as alive on Dec. 6 1912
and that death occurred on the date stated above, at 6 P M.
The CAUSE OF DEATH* was as follows:
Peritonitis
..... (Duration) 3 days. mos. 15 ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Jas. Monroe M. D.
12-6 1912 (Address) Burke, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Filer Ida — DATE OF BURIAL: Dec 8 1912
20. UNDERTAKER: H B Evans — ADDRESS: Burke Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

AYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Twin Falls
City of Buhl.

Registration District No. 2087
Primary Registration District No. 23
(No. ....., ... St.)

File No. 3657
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Marsena Dewitt McKane

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single.

6. DATE OF BIRTH: Apr (Month) 3 (Day) 1909 (Year)

7. AGE: 3 yrs. 7 mos. 26 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: .....
(b) General nature of industry business or establishment in which employed (or employer): At Home

9. BIRTHPLACE (State or Country): Providence Utah

10. NAME OF FATHER: M. L. McKane

11. BIRTHPLACE OF FATHER (State or Country): Penna.

12. MAIDEN NAME OF MOTHER: Rosina Schenk

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. L. McKane
(Address) Buhl

15.
Filed 11-30 1912
J. T. McCurdy
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1912, to Nov 29 1912
that I last saw h was alive on Nov 29 1912
and that death occurred on the date stated above, at 5.30 P.M.
The CAUSE OF DEATH* was as follows:
Scarlet Fever.
..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary) Streptococcus membranes developed in Pharynx, Nares & Conjunctivae
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. T. McCurdy M. D.
11/29 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Twin Falls Ida
DATE OF BURIAL: Nov 30 1912

20. UNDERTAKER: A. B. Evans
ADDRESS: Buhl Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Wilder
(No. ..., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 2005

File No. 3653
Registered No. 130.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas. C. F. Peterson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Sept (Month) 17 (Day) 1838 (Year)

7. AGE: 74 yrs. 3 mos. 12 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or Country): ✓ ✓

12. MAIDEN NAME OF MOTHER: ✓ ✓

13. BIRTHPLACE OF MOTHER (State or Country): ✓ ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Hurley
(Address) Caldwell Ida

15.
Filed Jan. 9th 1913 J. S. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1912, to Dec 29 1912 that I last saw him alive on Dec 12 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of Brain

(Duration) ... yrs. 1 mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) J. D. Mullen M. D.
Jan 9 1913 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Union Burial — DATE OF BURIAL: Jan 3 1913

20. UNDERTAKER: [illegible] — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3659
Registered No. 179

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2005
City of Caldwell (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Richard Gilbert

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 2 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): New Mexico

10. NAME OF FATHER: Harper Gilbert

11. BIRTHPLACE OF FATHER (State or Country): Philadelphia

12. MAIDEN NAME OF MOTHER: Lizzie Grant

13. BIRTHPLACE OF MOTHER (State or Country): Colorado

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. S. L. Sturgeon
(Address) Caldwell

15.
Filed Dec. 22 1917 Jos. S. Myers Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased fr
Dec 18 1912, to Dec 22 191
that I last saw him alive on Dec 21 191
and that death occurred on the date stated above, at 8 .9

The CAUSE OF DEATH* was as follows:
Diphtheria

..... (Duration) ..... yrs. ..... mos. 8

Contributory (Secondary) none
..... (Duration) ..... yrs. ..... mos.

(Signed) S. J. Miller M.
Dec 24 1912 (Address) Caldwell Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: 12/22 1912

20. UNDERTAKER: Platt-Peckham Co — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3667

Registered No. 128

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 3

Primary Registration District No. 2007

County of Canyon

City of Roswell Precinct (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Katherine Sessions

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 27 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. 2 1/2 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry business, or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Canyon Co. Ida.

10. NAME OF FATHER: [redacted] Sessions

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Ida Pickard

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. INFORMANT: [redacted] TO THE BEST OF MY KNOWLEDGE
(Informant) [redacted] Sessions
(Address) [redacted] Parma, Ida.

15. [redacted] B. A. [redacted]
Filed [redacted] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1912, to Dec. 29 1912 that I last saw her alive on Dec. 29 1912, and that death occurred on the date stated above, at 8:30 A. M.

The CAUSE OF DEATH* was as follows:

(Probably Uremic) Convulsions

(Duration) ..... yrs. ..... mos. 6 hours ds.

Contributory (Secondary): Lack of development

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Allen M. D.

Dec. 30 1912 (Address) Parma, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual r[redacted]

19. PL[redacted] URIAL OR REMOVAL: [redacted] Parma

DATE OF BURIAL: 12/30 1912

20. UN[redacted] ER: [redacted] Klaucke

ADDRESS: Parma

SYMS-YORK C[redacted] NDERS. BO[redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 1003

Primary Registration District No. 1006

File No. 3661

Registered No. 177

1. PLACE OF DEATH.

County of Canyon

City of Nampa (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant son, not named, of Mr. & Mrs. Frank Sanford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 27 (Day) 1912 (Year)

7. AGE: One hour ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): R.F.D. Src. #20 Nampa

10. NAME OF FATHER: Frank Sanford

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Mable Seibert

13. BIRTHPLACE OF MOTHER (State or Country): Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O.R. Meredith D.O.
(Address) Nampa Idaho.

15. Filed Dec 29 1912 O.B. Bella M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h/im alive on Dec. 27 1912,
and that death occurred on the date stated above, at 1:30 A.M.
The CAUSE OF DEATH* was as follows:
Premature birth
Last Menstruation June 4 1912
~~Notice~~ Quickening Middle of Sept.
(Duration) One hour yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O.R. Meredith D.O.
Dec 27 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days. One hour
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
Meri[redacted] Nampa Idaho Cemetery / Dec 28 1912

20. UNDE[redacted] ADDRESS
Frank S[redacted] (Father) Nampa Ida

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

1003

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1003

Primary Registration District No. 1006

File No. 3668

Registered No. 126

County of Canyon

City of Nampa (No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant Son of Mr & Mrs Frank Sanford Not Named.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH Dec (Month) 27 (Day) 1912 (Year)

7. AGE Only ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Nampa Idaho.

10. NAME OF FATHER Frank Sanford

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Mable Seibert

13. BIRTHPLACE OF MOTHER (State or Country) Ill.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O.P. Meredith D.C.
(Address) Nampa. Idaho.

15. Filed Dec 29/ 1912 O.P. Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec 27 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth Dec 27 1912, to Same 191., that I last saw him alive on Dec 27 1912, and that death occurred on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:
Premature birth.
in 7th month.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) 22 hours
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O.P. Meredith D.C.
Dec 28 1912 (Address) Nampa Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mountain Cemetery Nampa Ida	Dec 28/ 1912

20. UNDERTAKER Frank Sanford | ADDRESS Nampa Ida

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Nampa
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1063.
Primary Registration District No. 1006

File No. 3663
Registered No. 125
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME ——— Shaver

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): ~~Single~~ Widow

6. DATE OF BIRTH: Dec (Month) 3 (Day) 1912 (Year)

7. AGE: 0 yrs. 0 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: none
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nampa Ida.

10. NAME OF FATHER: J A Shaver

11. BIRTHPLACE OF FATHER (State or Country): Minn

12. MAIDEN NAME OF MOTHER: Mary Rose

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma A. Rose
(Address) Nampa Ida

15. Filed 12/10/ 1912 O. B. Belber Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1912, to Dec 5 1912 that I last saw her alive on Dec 5 1912, and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
marasmus

(Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary): premature delivery
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A P Rose M. D.
Dec 6 1912 (Address) Nampa

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 2 ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? —
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rockville Oregon
DATE OF BURIAL: 12/10/1912

20. UNDERTAKER: [redacted]
ADDRESS: Nampa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3661
Registered No. 124

1. PLACE OF DEATH. Registration District No. 2
County of Canyon Primary Registration District No. 1006
City of Nampa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Unknown (Suicide)
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Unknown

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 50 Apparently yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Unknown
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr O B Beller
(Address) Nampa Ida

15.
Filed Dec 28/ 1912 O.B. Beller M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Date found 12 (Month) — 24 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Suicide ~~191~~, to ..... 191....
that I last saw h~~alive on~~ ..... 191....,
and that death occurred on the date stated above, at ~~M.~~

The CAUSE OF DEATH* was as follows: Suicide —
Probably by Cyanide of Potassium
"Coroners Inquest"
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A H Lang Coroner ~~M. D.~~
Dec 27 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
of death
Where was disease contracted, if not at death?
Former
usual r

19. PLA[redacted]URIAL OR REMOVAL: [redacted] Cem Nampa Ida — DATE OF BURIAL: 12/28/ 1912

20. UNDE[redacted] — ADDRESS: Nampa Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 3665
Registered No. 122
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Martha Rice Bresheurs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: Feb. (Month) 23 (Day) 1855 (Year)

7. AGE: 57 yrs. 10 mos. 6 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Madisonville, Mo.

10. NAME OF FATHER: Joseph Rice

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Martha Rice

13. BIRTHPLACE OF MOTHER (State or Country): Kentucky Madisonville, Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maude Beckham-Rice
(Address)

15.
Filed Dec. 31st 1912 — John S. Meyer, Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1912, to Dec 28 1912 that I last saw h[illegible] alive on Dec 28 1912, and that death occurred on the date stated above, at 10:30 P M.

The CAUSE OF DEATH* was as follows:
Nephritis & Valvular lesion of heart.

(Duration) not known yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
Dec. 30th 1912 (Address) Caldwell, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon Cemetery — DATE OF BURIAL: [illegible] 3 1913

20. UNDERTAKER: [illegible] Yer — ADDRESS: [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. (Rev. 1911)

PLACE OF DEATH

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

County of Canyon Primary Registration District No. 1005 File No. 3667

City of Caldwell (No. ..... St.) Registered No. 170

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George Tuckfield

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Mar — 1888 (Month) (Day) (Year)

7. AGE: 24 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Lehi Utah

10. NAME OF FATHER: James Tuckfield

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs B Rose
(Address) Vale Ore.

15.
Filed Dec 13th 1912 Jas S. Meyers Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 8 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1912, to Dec 8 1912, that I last saw him alive on Dec. 7 1912, and that death occurred on the date stated above, at 2 a. M.

The CAUSE OF DEATH* was as follows:
Organic heart disease
(Duration) not known yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Coe M. D.
Dec 9 1912 (Address) J. M. Coe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: [redacted] Canyon Dist. DATE OF BURIAL: Dec 9 1912

20. UNDERTAKER: [redacted] Dyer ADDRESS: Caldwell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ....., ... St.)

File No. 3663
Registered No. 121
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Kent W. McVey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Dec 30 (Month) 1896 (Day) (Year)

7. AGE: 16 yrs. 11 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: School Boy
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: W. S. McVey

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Jennie M. Davis

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. McVey
(Address) Caldwell

15.
Filed Dec. 16 1912 John J. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. H. Gee M. D.
Dec. 15 1912 (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.
Where was Disease contracted,
If not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill Cem — DATE OF BURIAL: 12 16 1912

20. UNDERTAKER: [redacted] — ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 21

County of

Primary Registration District No. 7022

City of

(No. St.)

File No. 3669

Registered No. 68

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arthur B. Meuschke

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: June (Month) 21 (Day) 28

7. AGE: 27 yrs. 5 mos. 7 ds. IF LESS THAN 1 DAY, how many ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Mine Manager
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Baltimore Md

10. NAME OF FATHER: Henry Meuschke

11. BIRTHPLACE OF FATHER (State or Country): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A. Meuschke
(Address) Bellevue Idaho

15. Filed Jan 1 1913 Richard H Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ——— 191..., to ——— 191...
that I last saw him alive on Dec 28 1912
and that death occurred on the date stated above, at 10.15 P.M.

The CAUSE OF DEATH* was as follows:
Prostration & Shock from cold

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary): Weak heart.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. J. Allen M. D.
Dec 28 1912 (Address) Bellevue Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
of death
Where was Disease contracted,
If not at place of death?
Former or usual residence

19. ~~PLACE OF BURIAL OR~~ REMOVAL: Baltimore Md

DATE OF BURIAL ..... 191...

20. UNDERTAKER: R. D. Harris

ADDRESS: Hailey Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Blaine
City of Carey
If death occurs away from usual residence, give facts called for under special information

Registration District No. 21
Primary Registration District No. 7025
(No. , St.)

File No. 3670
Registered No. 71
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Devere Coates

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Single

6. DATE OF BIRTH
(Month) (Day) 1902 (Year)

7. AGE
10 yrs. mos. ds.
IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Mt Pleasant Utah

10. NAME OF FATHER Joseph Coates

11. BIRTHPLACE OF FATHER (State or Country) Mt Pleasant, Utah

12. MAIDEN NAME OF MOTHER Emma Gunderson

13. BIRTHPLACE OF MOTHER (State or Country) Mt Pleasant, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Paul Coates
(Address) Carey Idaho

15. Filed Dec 20 1912
Robert H Wright
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
November 26 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1912 to Nov 26 1912
that I last saw him alive on Nov 26 1912,
and that death occurred on the date stated above, at 5 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia - Lobar
(Duration) x yrs. x mos. 2 ds.
Contributory (Secondary) Mitral regurgitation
— (Duration) — yrs. — mos. — ds.

(Signed) [signature] M. D.
11/27 1912 (Address) Carey, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Carey - Ida
DATE OF BURIAL: 11-29 1912

20. UNDERTAKER: Paul Coates
ADDRESS: Carey, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 7075
City of Carey (No. ....., ... St.)
File No. 3671
Registered No. 70
If death occurs away from usual residence, give facts called for under special information
2. FULL NAME Joseph Parley Cooper
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6. DATE OF BIRTH: May (Month) 19th (Day) 1860 (Year)

7. AGE: 52 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Washington County, Utah

10. NAME OF FATHER: Wm Cooper

11. BIRTHPLACE OF FATHER (State or Country): South Carolina

12. MAIDEN NAME OF MOTHER: Lydia Rochester

13. BIRTHPLACE OF MOTHER (State or Country): South Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. S. Cooper
(Address) Carey Idaho

15. Filed Dec 20 1912 Robert Wright
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1912, to Nov 21 1912
that I last saw h[illegible] alive on Nov 21 1912,
and that death occurred on the date stated above, at 8 P. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
..... (Duration) ..... yrs. ..... mos. 2 ds.
Contributory (Secondary) Gastric ulcer
..... (Duration) 3 yrs. ..... mos. ..... ds.
(Signed) [signature] M. D.
12-12-19-12 (Address) Carey, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Carey Idaho
DATE OF BURIAL: Nov 22 1912
20. UNDERTAKER: R. W. Harris
ADDRESS: Hailey

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 21
County of Blaine Primary Registration District No. 2013
City of Hiel City (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
File No. 3672
Registered No. 69
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mike Pavlak

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: April (Month) ..... (Day) 1864 (Year)

7. AGE: 48 yrs. 8 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Archie Bell
(Address) Hiel City

15. Filed Dec 12 1912 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1912, to Dec 6 1912 that I last saw him alive on Dec 6 1912, and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(Duration) 6 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert A. Pike M. D.
12-7-1912 (Address) Hailey Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Canal Idaho — DATE OF BURIAL: 12 8 1912

20. UNDERTAKER: Chas Babbington — ADDRESS: Canal Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. [illegible]
Primary Registration District No. [illegible]
File No. 3673
Registered No. 25

1. PLACE OF DEATH.
County of Canyon
City of Payette
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Cornelia Jane Lewis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: Feb (Month) 13 (Day) 1849 (Year)

7. AGE: 63 yrs. 10 mos. ds. 12
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: H. H. Kelley

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: X Damoth

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. I. Lewis
(Address) Payette Ida

15.
Filed Dec 26 191[illegible]
[illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 25 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia a Disease

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Danville Iowa | ~~DATE OF BURIAL~~ Removal Dec 26 191[illegible]

20. UNDERTAKER: J. N. Adair | ADDRESS: Payette Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Payette
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2005
(No. 1, St.)

File No. 367
Registered No. 57
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sallie Lyon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH
April 13 1841
(Month) (Day) (Year)

7. AGE
71 yrs. 7 mos. 25 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) North Carolina

10. NAME OF FATHER James Caudell

11. BIRTHPLACE OF FATHER (State or Country) North Carolina

12. MAIDEN NAME OF MOTHER Catherine Gentry

13. BIRTHPLACE OF MOTHER (State or Country) North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. W. Lyon
(Address) Payette, Idaho

15.
Filed Dec 9 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec 8 191-
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from - 191-, to - 191-,
that I last saw h- alive on - 191-,
and that death occurred on the date stated above, at - M.

The CAUSE OF DEATH* was as follows:
Pneumonia complicated
no physician in attendance
(Duration) about 15 minutes yrs. mos. ds.

Contributory
(Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
Dec 9 1912 (Address) Payette Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL ~~OR REMOVAL~~ Payette Idaho | DATE OF BURIAL Dec 9 1912

20. UNDERTAKER J. N. Adair | ADDRESS Payette Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2010

File No. 3675
Registered No. 62

2. FULL NAME Edwin Van Deusen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	single

6. DATE OF BIRTH: March 10 1871 (Month) (Day) (Year)

7. AGE: 41 yrs. 6 mos. 29 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Sheepman
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Don't Know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dudley Van Deusen
(Address) Emmett

15.
Filed ..... 191...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 9 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1912, to Oct 9 1912, that I last saw h[illegible] alive on Oct 9 1912, and that death occurred on the date stated above, at 6:30 P M.

The CAUSE OF DEATH* was as follows:
Erysipelas

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. O. Heck M. D.
Oct 30 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pekin, Ill[illegible] — DATE OF BURIAL: Don't Know 191...

20. UNDERTAKER: O D Buck[illegible] — ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

IVES-YORK CO., PRINTERS & STATIONERS, BOISE 16872

Jan 9 - 1913 J R Woodward Dep Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F[illegible] RTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3 22

County of Canyon Primary Registration District No. 2010

City of Bramwell (No. ..... St.)

File No. 3676

Registered No. 61

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Allen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Infant

6. DATE OF BIRTH: Aug. (Month) 27 (Day) 1912 (Year)

7. AGE: ..... yrs. 3 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: J. F. Allen

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Ella Nelson

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Allen
(Address) Emmett

15.
Filed 12-23-1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec. (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 191, to ..... 191 ..... that I last saw h[illegible] alive on ..... 191, and that death occurred on the date stated above at [illegible] M.

The CAUSE OF DEATH* was as follows:

Baby was only sick and sour. Cause not known as had no medical attention

(Duration) ..... yrs. ..... mos. One hours.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Reynolds M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bramwell Cemetery — DATE OF BURIAL: Dec 21 1912

20. UNDERTAKER: C. D. Bucknum — ADDRESS: Emmett

YMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Jan 9 1913 J R [illegible] Wet Reg

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2-010
(No. ....., ... St.)

File No. 3677
Registered No. 61
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Charles Henry Ingalls

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~male~~ ~~female~~ male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: June (Month) 15 (Day) 1852 (Year)

7. AGE: 60 yrs. 5 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Construction foreman
(b) General nature of industry business or establishment in which employed (or employer): ..

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Dont know

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. B. Ingalls
(Address) Emmett Idaho

15.
Filed 12-6-1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Dec (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from attended by a doctor in 191
that I last saw him alive on 191,
and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Carcinoma of jaw

(Duration) yrs. 9 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery
DATE OF BURIAL: Dec 3 1912

20. UNDERTAKER: C. D. Buckner
ADDRESS: Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Jan 10 1913 J. P. Wenzel Deputy

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Canyon
City of Emmett
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22
Primary Registration District No. 2010
(No. ..... , ... St.)

File No. 3673
Registered No. 39
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Lingren

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	married

6. DATE OF BIRTH: Jan (Month) 22 (Day) 1847 (Year)

7. AGE: 65 yrs. 11 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Sweeden

10. NAME OF FATHER: Jonas Lingren

11. BIRTHPLACE OF FATHER (State or Country): Sweeden

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John Lingren
(Address) Emmett Ida

15.
Filed 12-24 1912 J L Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 23 (Day) 191- (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/22 1912 to 12/23 1912 that I last saw him alive on 12/23 1912, and that death occurred on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R M Cummins M. D.
12/26 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Emmett Cemetery — DATE OF BURIAL: Dec 26 1912

20. UNDERTAKER: C D Buckmun — ADDRESS: Emmett

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Jan 9 1913 S R Woodward Dep Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3670
Registered No. 52

1. PLACE OF DEATH.
County of Cassia
City of Burley
(No. ....., ... St.)

Registration District No. 31
Primary Registration District No. 2134

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arthur T. Miller

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 30 (Day) 1903 (Year)

7. AGE: 9 yrs. 11 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: John W. Miller

11. BIRTHPLACE OF FATHER (State or Country): Muscatine Co. Iowa

12. MAIDEN NAME OF MOTHER: Mary Whited

13. BIRTHPLACE OF MOTHER (State or Country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Miller
(Address) Burley Idaho

15.
Filed Jan 6 1913 L. B. Gallogly
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 20 1912, to Dec 10 1912, that I last saw him alive on Dec 10 1912 and that death occurred on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:
Heart Disease

(Duration) ..... yrs. 6 mos. 10 ds.
Contributory Rheumatism
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M. Miller M. D.
Dec 10 1912 (Address) Burley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Burley Ida.
DATE OF BURIAL: Dec 12 1912

20. UNDERTAKER: L. B. Gallogly
ADDRESS: Burley Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 18
Primary Registration District No. 2069
File No. 3689
Registered No. 1

1. PLACE OF DEATH
County of Oneida
City of Malad
(No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
female	white	

6. DATE OF BIRTH: Nov (Month) 2 (Day) 1912 (Year)

7. AGE: ~~Stillborn~~ ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* 5 *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Isaac Peabody

11. BIRTHPLACE OF FATHER (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Alice R Evans

13. BIRTHPLACE OF MOTHER (State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac Peabody
(Address) Malad City Idaho

15.
Filed Nov 2 1912 W C Ray
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1912, to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W C Ray M. D.
11/5 1912 (Address) Malad City Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Malad City	Nov 6 1912

20. UNDERTAKER	ADDRESS
Daniel R Evans	Malad City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 24
Primary Registration District No. 2098
File No. 3681
Registered No. 48

1. PLACE OF DEATH.
County of Bear Lake
City of Montpelier (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Theresia Einzinger

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July - 30 - 1870
30 July (Month) (Day) 30 (Year)

7. AGE: 42 yrs. 4 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: John Kroecker

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Mary Adlersgruber

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Simon Einzinger
(Address) Montpelier

15.
Filed Jan 7 1913
J W Maynard
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec 12 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1912., to Dec 12 1912
that I last saw her alive on Dec 12 1912
and that death occurred on the date stated above, at 11 M.

The CAUSE OF DEATH* was as follows:
Ruptured Aneurysm
(Aortic)

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ashley and Cooley M. D.
Dec 12 1912 (Address) Montpelier Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence: Germany

19. PLACE OF BURIAL OR REMOVAL: Montpelier
DATE OF BURIAL: 12-15 1913

20. UNDERTAKER: None
ADDRESS: None

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3682
Registered No. 46

1. PLACE OF DEATH. Registration District No. 24
County of Bear Lake Primary Registration District No. 2093
City of Sharon Ida, (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary M. Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March (Month) 17 (Day) 912 (Year)

7. AGE: ..... yrs. 9 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Sharon, Idaho

10. NAME OF FATHER: Thomas Smith

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Lucy Cassley

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Benter
(Address) .....

15. Filed Dec. 20 1912 J. W. Hayward, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1912, to Dec 19 1912 that I last saw her alive on Dec 17 1912 and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. D. Cooley M. D.
Dec 20 1912 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Sharon Ida — DATE OF BURIAL: Dec 22 1912

20. UNDERTAKER: J. E. Hymas By — ADDRESS: Sharon Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Bear Lake
City of Fish Haven

Registration District No. 24
Primary Registration District No. 2090
(No. ....., ... St.)

File No. 3681
Registered No. 47

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Not named

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. (Month) 15 (Day) 1912 (Year)

7. AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or 10 min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Fish Haven Ida

10. NAME OF FATHER: Wm Stock

11. BIRTHPLACE OF FATHER (State or Country): Fish Haven Idaho

12. MAIDEN NAME OF MOTHER: Ida Marlenon

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Haywood
(Address) Paris Ida

15. Filed Dec 17 1912 J. W. Haywood Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1912, to Dec 15 1912, that I last saw h[illegible] alive on Dec 15 1912 and that death occurred on the date stated above, at 4.25 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Haywood M. D.
Dec 16 1912 (Address) Paris Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fish Haven Ida. DATE OF BURIAL: Dec 16 1912

20. UNDERTAKER: J. W. E. Stock ADDRESS: Fish Haven

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 11
County of Bannock Primary Registration District No. 2046
City of Swan Lake (No. ....., ... St.)
File No. 3685
Registered No. 3
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Rita Neff
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Nov (Month) 23 (Day) 1912 (Year)

7. AGE: ..... yrs. — mos. — ds. IF LESS than 1 day how many ..14.. hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Swan Lake

10. NAME OF FATHER Chas Neff

11. BIRTHPLACE OF FATHER (State or Country) Providence Utah

12. MAIDEN NAME OF MOTHER Annie Tabler

13. BIRTHPLACE OF MOTHER (State or Country) Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Neff
(Address) Swan Lake

15.
Filed 1-10-1913 Ellis Kackley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ ..... 191..., to ..... 191... that ~~I last saw~~ h ..... alive on ..... 191..., and that death occurred on the date stated above, at 6 A M.

The ~~CAUSE~~ OF DEATH* was as follows:
Premature Birth
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Hammond M. D.
11/26 1912 (Address) Downey

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Downey
DATE OF BURIAL: 11/26 1912

20. UNDERTAKER: None
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

STYES-YORK CO., PRINTERS & RINDERS, BOISE 16672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3687
Registered No. 1

1. PLACE OF DEATH.
County of Blaine
City of McCammon

Registration District No. 11
Primary Registration District No. 2047
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Eva Cobblom

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 9 (Month) — 9 (Day) — 1883 (Year)

7. AGE: 29 yrs. 3 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woman work
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Various Idaho.

10. NAME OF FATHER: Joseph Cole.

11. BIRTHPLACE OF FATHER (State or Country): Unknown.

12. MAIDEN NAME OF MOTHER: Woodland

13. BIRTHPLACE OF MOTHER (State or Country): Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): [signature]
(Address): McCammon Ida.

15.
Filed 1-10-1913 Ellis Hawley Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) — 12 (Day) — 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-4-1912, to 12-11-1912 that I last saw h[illegible] alive on 12-11-1912 and that death occurred on the date stated above, at 24 M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 2 mos. — ds.

Contributory (Secondary) Complications

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

12-14-1912 (Address) McCammon Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: McCammon
DATE OF BURIAL: 12-14-1912

20. UNDERTAKER: Geo. F. Girard
ADDRESS: McCammon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3688
Registered No. 4

1. PLACE OF DEATH.
County of Bannock
City of Treasureton

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jesse Cole

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Boy	White	

6. DATE OF BIRTH: Nov (Month) 16 (Day) 1912 (Year)

7. AGE: ..... yrs. 1 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Treasureton Idaho

10. NAME OF FATHER: Edwin Voss Cole

11. BIRTHPLACE OF FATHER (State or Country): Willard Utah

12. MAIDEN NAME OF MOTHER: Olla Owens

13. BIRTHPLACE OF MOTHER (State or Country): Willard Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Landgreen
(Address) Treasureton Idaho

15.
Filed 1-10 1913 Ellis Kaufley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 26 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h..... alive on ..... 191...
and that death occurred on the date stated above, at 7 A. M.,
The CAUSE OF DEATH* was as follows:
Premature birth was born 1 Mo and 12 Days before its time and died in Convulsions
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) No physician M. D.
..... 19... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Treasureton Idaho
DATE OF BURIAL: Dec 28 1912

20. UNDERTAKER: None -
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Bancroft
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 11
Primary Registration District No. 2048
(No. ....., ... St.)

File No. 3689
Registered No. 5

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Alice Etta Schneider

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Aug (Month) 12 (Day) 1908 (Year)

7. AGE: 4 yrs. 3 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Ephraim Schneider

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Annie Schneider

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Ephraim Schneider
(Address): Bancroft Ida.

15.
Filed 1-10 1913 Ellen Kackley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1912, to Dec 3 1912
that I last saw h er alive on Dec 3 1912,
and that death occurred on the date stated above, at 1 P M.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia &
1 Scarlatinal Sore throat

(Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary): Scarlet fever
(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Dr R Smith M. D.
Dec 5 1912 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bancroft — DATE OF BURIAL: 12-5- 1912

20. UNDERTAKER: Kaw Fisher — ADDRESS: Bancroft

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 2027
File No. 3690
Registered No. 99

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls (No. ..... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Judgrid Carlson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: Sept 9 1880 (Month) (Day) (Year)

7. AGE: 31 yrs. 2 mos. 25 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Mathias Petersen

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Judgrid Johnson

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Carlson
(Address) Medicine Lodge, Wash

15.
Filed Dec 6 1912 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month)* 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30 1912, to Dec 4 1912, that I last saw her alive on Dec 4 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Cerebral Embolism

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Childbirth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

Dec 6 1912 (Address) Ida Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Dillon, Mont — DATE OF BURIAL: 12/7 1912

20. UNDERTAKER: C C Newcomb — ADDRESS: Ida Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF [redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 7
Primary Registration District No. 22 2
File No. 3691
Registered No. 1[illegible]

1. PLACE OF DEATH.
County of Bonneville
City of Idaho Falls
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Meakin

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH: July (Month) 26 (Day) 1826 (Year)

7. AGE: 86 yrs. 4 mos. 17 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: William Meakin

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Dorothy Gent

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Henrietta Johnson
(Address) Idaho Falls

15. Filed Dec 16 1912 J E Bennett Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 13 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191..., that I last saw h... alive on ... 191..., and that death occurred on the date stated above, at 10:50 A.M.

The CAUSE OF DEATH* was as follows:
Bright's Disease - Hard medical attendance

(Duration) 10 yrs. ... mos. ... ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) Jos. Morley M.D.
19... (Address) " Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ...yrs ...mos ...days. In the State ...yrs ...mos ...days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Teri Utah — DATE OF BURIAL: Shipped 1912

20. UNDERTAKER: G H Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3692
Registered No. 92

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot
Monsanto Road
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary F. Elies

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. 4 1892 (Month) (Day) (Year)

7. AGE: 20 yrs. 9 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Frank F. Flies

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Frances Ricks

13. BIRTHPLACE OF MOTHER (State or Country): Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Elies
(Address) Blackfoot Route No 4

15. Filed Dec 3 1912 W. E. Patrie Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 2 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30 1912, to Dec 2 1912 that I last saw her alive on Dec 2 1912 and that death occurred on the date stated above, at 8 30 P.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 3 ds.
Contributory Embolism - Cerebral Embolism
(Secondary)
(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) W. E. Patrie M. D.
Dec 3 1912 (Address) Blackfoot.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mountain View Cem Blackfoot Ida
DATE OF BURIAL: Dec 4 1912

20. UNDERTAKER: Mrs Fred T Hines
ADDRESS: Blackfoot R 4 No 4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Blackfoot

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

File No. 3693
Registered No. 93

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Arthur Bronson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
..... (Month) ..... (Day) 1876 (Year)

7. AGE
36 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Francis A Poole
(Address) Blackfoot. Idaho

15. Filed Dec 9 1912 — W E Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
December (Month) 5 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1911, to Dec. 5 1912
that I last saw h(im) alive on Dec. 5 1912
and that death occurred on the date stated above, at 9 a. M.
The CAUSE OF DEATH* was as follows:
Epilepsy

(Duration) 36 yrs. ..... mos. ..... ds.
Contributory ?
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Francis A Poole M. D.
Dec. 5 1912 (Address) Blackfoot. Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 1 yrs. 6 mos. ..... ds. In the State 11 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Iowa
Former or usual residence: Boise, Idaho

19. PLACE OF BURIAL OR REMOVAL: Idaho Insane Asylum Cemetery — DATE OF BURIAL: Dec. 6 1912

20. UNDERTAKER: Dr F A Poole — ADDRESS: Blackfoot. Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Groveland Precinct.

Registration District No. 13
Primary Registration District No. 2053
(No. ....., ... St.)

File No. 3691
Registered No. 94

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Isaac Lee Beasley.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married.

6. DATE OF BIRTH: July (Month) second (Day) 2, 1864 (Year)

7. AGE: 48 yrs. 5 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): Farming and stockraising

9. BIRTHPLACE (State or Country): Lancaster Missouri

10. NAME OF FATHER: James J. Beasley

11. BIRTHPLACE OF FATHER (State or Country): Georgia. (not certain)

12. MAIDEN NAME OF MOTHER: Eliza Jones.

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elsie M Beasley
(Address) Route one Blackfoot Idaho.

15. Filed Nov. 9 1912 — W. E. Patrick, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1912, to Dec. 6 1912
that I last saw h alive on Dec. 6. 1912
and that death occurred on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 3. ds.

Contributory (Secondary) —
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. W. Metcalf M. D.
Dec. 6 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Grim Cemetery — DATE OF BURIAL: Dec 10 1912

20. UNDERTAKER: E J Peck — ADDRESS: Blackfoot

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-[redacted]

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
Registration District No. 13
Primary Registration District No. 1007
File No. 3695
County of Bingham
City of Blackfoot, Idaho (No. 196, East Main St.)
Registered No. 96
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.
2. FULL NAME Walter Scrivner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec. 18. (Month) (Day) 1861 (Year)

7. AGE: 51 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Connecticut

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (State or Country): Don't know

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Willis Rowley
(Address) Blackfoot Ida

15. Filed Dec 20 1912 W. H. Patrick Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 18th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912, to Dec 18 1912, that I last saw him alive on Dec 17 1912, and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral apoplexy

(Duration) yrs. mos. 11 ds.
Contributory (Secondary) Chronic alcoholism
(Duration) 25 yrs. mos. ds.

(Signed) H. J. Simmons M. D.
Dec 19 1912 (Address) Blackfoot Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 11 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rock Springs Wyo
DATE OF BURIAL: Dec 21 1912

20. UNDERTAKER: E. J. Peck
ADDRESS: Blackfoot Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Ft Maeland
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 13
Primary Registration District No. 2053
(No. ...; ... St.)

File No. 3697
Registered No. 97
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ronalds R. Spencer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: ~~Feb 18~~ October 12 (Month) (Day) 1836 (Year)

7. AGE: 76 yrs 10 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): Veteran of Civil War 1863 Drawing pension.

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Jos. Spencer

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): O B Stroker
(Address): Blackfoot Ida. Route 4

15.
Filed Dec 31 1912 W. E. Patrick
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 30 (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Irregular attendant ~~191~~, to ~~191~~, ~~that I last saw h alive on 191~~, and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Pneumonia - lobar

(Duration) ... yrs. ... mos. 3 ds.

Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. E. Patrick M. D.
Dec 31/1912 (Address) Blackfoot Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Maeland Idaho
DATE OF BURIAL: Jan 1 191[illegible]

20. UNDERTAKER: J. M. England
ADDRESS: Blackfoot Ida

Meade Bishop, Denton

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. 320 N. Grant St.)

File No. 3698
Registered No. 112
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Infant daughter Mr & Mrs N. D. Woodland

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 3 (Day) 191[illegible] (Year)

7. AGE: ..... yrs. ..... mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello

10. NAME OF FATHER: N. D. Woodland

11. BIRTHPLACE OF FATHER (State or Country): Willard Utah

12. MAIDEN NAME OF MOTHER: Louisa Morrison

13. BIRTHPLACE OF MOTHER (State or Country): Franklin Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. D. Woodland
(Address) Pocatello Idaho.

15. Filed 12/5 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 3 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 191[illegible], to Dec. 3 191[illegible], that I last saw h[illegible] alive on Dec. 3rd 191[illegible], and that death occurred on the date stated above, at 19 M.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia Complicated with Acute Enteritis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
Dec 3 191[illegible] (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: [illegible] | DATE OF BURIAL: Dec 6 191[illegible]

20. UNDERTAKER: [illegible] ADDRESS: Pocatello Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. 708 Pine Ave. St.)

File No. 3699
Registered No. 113
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dothie Jensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female.	White	Married

6. DATE OF BIRTH
May (Month) 21 (Day) 1859 (Year)

7. AGE
53 yrs. 9 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Copenhagen Denmark

10. NAME OF FATHER Peter Jensen

11. BIRTHPLACE OF FATHER (State or Country) Denmark.

12. MAIDEN NAME OF MOTHER Dothie Jensen

13. BIRTHPLACE OF MOTHER (State or Country) Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Jensen
(Address) 846 S. N. Lincoln Ave.

15.
Filed 12/10, 1912 O B Steely
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. (Month) 7 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h[illegible] alive on Dec 7 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Steely M. D.
Dec 10 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Pocatello DATE OF BURIAL Dec 12 1912

20. UNDERTAKER R. E. Walker ADDRESS Pocatello Ida

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 1002

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3709

Registered No. 114

1. PLACE OF DEATH.
County of Jamus Mc
City of McCammon
(No. Jeal Nashella St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Unknown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH
/ / 1
(Month) (Day) (Year)

7. AGE about 32 yrs. mos. ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work Tramp
(b) General nature of industry business, or establishment in which employed (or employer) /

9. BIRTHPLACE
(State or Country) Unknown

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15. Filed 12/10/ 191 2 O P Steely
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec 9th 191 2
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th 191 2, to Dec 9th 191 2, that I last saw him alive on Dec 9th 191 2, and that death occurred on the date stated above, at 5a M.

The CAUSE OF DEATH* was as follows:

Gun Shot - Wound Accidental

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) G W Cooper M. D.

Dec 9 191 2 (Address) McCammon

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt View DATE OF BURIAL Dec 11 191 2

20. UNDERTAKER H. B. Walker ADDRESS Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19780

Form V. S. No. 5 20M.1-16-12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1002

County of Bannock — Primary Registration District No. [illegible]

City of Poor Farm. (No. County Poor Farm St.)

File No. 3701

Registered No. 115

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Sarah Crain

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: July Dec (Month) 17 (Day) 1843 (Year)

7. AGE: 69 yrs. 4 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or datablishment in which employed (or employer):

9. BIRTHPLACE (State or Country) ✓

10. NAME OF FATHER ✓

11. BIRTHPLACE OF FATHER (State or Country) ✓

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Superintendent County Farm
(Address) Pocatello

15. Filed 12/16, 1912 O. J. Stacy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1912, to Dec 11th 1912, that I last saw b.... alive on Dec. 11th 1912, and that death occurred on the date stated above, at 3P. M.

The CAUSE OF DEATH* was as follows:

Senility
arteriosclerosis [illegible] by
Acute Nephritis.
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Smith Walker Coroner M. D.
Dec 13 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt View — DATE OF BURIAL: Dec 12 1912

20. UNDERTAKER: H. L. Walker — ADDRESS: Pocatello

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3702

Registered No. 116

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello

Registration District No. 19

Primary Registration District No. 1007

(No. American Restaurant St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Chas. L. Vaugh

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6. DATE OF BIRTH

..... (Month) ..... (Day) 1864 (Year)

7. AGE 48 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Restaurant Proprietor

(b) General nature of industry business, or dstablishment in which employed (or employer) /

9. BIRTHPLACE (State or Country) Pennsylvania

10. NAME OF FATHER /

11. BIRTHPLACE OF FATHER (State or Country) /

12. MAIDEN NAME OF MOTHER /

13. BIRTHPLACE OF MOTHER (State or Country) /

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed 12/16 1912 O B Steely Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec 14 1912

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1912 191..., to ..... 191...,

that I last saw him alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Gun shot wound with intent to commit murder

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O B Steely M. D.

19..... (Address) Pocatello, Coroner Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL Riverview Pa | DATE OF BURIAL ..... 191...

20. UNDERTAKER [redacted] ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

19

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No. 1002

County of Bannock

City of Pocatello (No. Fuel Hospital St.)

File No. 3703

Registered No. 19

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Porter Fuller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Colored	divorced

6. DATE OF BIRTH

Unknown (Month) (Day) 1 (Year)

7. AGE about 62 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) California

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15. Filed 12-16 1912 O P Heath Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec (Month) 16 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1912 to Dec 16 1912, that I last saw him alive on Dec 16 1912 and that death occurred on the date stated above, at 11 M.

The CAUSE OF DEATH* was as follows:

Cholecystatis, cholangitis and Hepatic cirrhosis following Operation

(Duration) 3 yrs. mos. 14 ds.

Contributory (Secondary) Hepatic Cirrhosis

(Duration) several yrs. mos. ds.

(Signed) A. M. Newton M. D.

Dec 20 1912 (Address) 125 N 2nd Ave

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence Pocatello

19. PLACE OF BURIAL OR REMOVAL Ft. Sterling DATE OF BURIAL Dec 19 1912

20. UNDERTAKER H. H. Walker ADDRESS Pocatello Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Ray. 207 S. Garfield. 8:30 P.M. 19.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

19

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 19

County of Bannock

Primary Registration District No. 1002

City of Pocatello (No 207, S. Garfield St.)

File No. 3701

Registered No. 118

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Harry Minor Perlenitz Jr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word)
Male	White	Single

6. DATE OF BIRTH: March (Month) 25 (Day) 1911 (Year)

7. AGE: 1 yrs. 8 mos. 22 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho Pocatello Ida.

10. NAME OF FATHER H. M. Perlenitz

11. BIRTHPLACE OF FATHER (State or Country) Ill. Chicago

12. MAIDEN NAME OF MOTHER Hattie Ceaplis

13. BIRTHPLACE OF MOTHER (State or Country) Kansas City Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. M. Perlenitz
(Address) 207 S. Garfield

15. Filed 12-20 1912 O. J. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1912, to Dec 19 1912
that I last saw him alive on Dec 19 1912
and that death occurred on the date stated above, at 8:30 A. M.

The CAUSE OF DEATH* was as follows:

Measles - complicated by Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory Broncho Pneumonia
(Secondary)

(Duration) ..... yrs. ..... mos. few ds.

(Signed) J. M. Ray M. D.

Dec 20 1912 (Address) Pocatello Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: I D View — DATE OF BURIAL: Dec 21 1912

20. UNDERTAKER: W. B. Walker — ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 19

Primary Registration District No. 1002

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3705

Registered No. 119

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Bannock

City of Pocatello (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maren Petersen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Sep (Month) 19 (Day) 1850 (Year)

7. AGE: 62 yrs. 3 mos. 8 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Denmark

10. NAME OF FATHER: N. Matsen

11. BIRTHPLACE OF FATHER (State or Country): Copenhagen Denmark

12. MAIDEN NAME OF MOTHER: Dont not Know

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Petersen
(Address) Pocatello Idaho

15. Filed 12-23, 1912 O. B. Heed Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1912, to Dec 22 1912, that I last saw her alive on Dec 22 1912, and that death occurred on the date stated above, at 11.30 a M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. B. Heed M. D.

12-22 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Omaha Nebr | DATE OF BURIAL: 12, 1912

20. UNDERTAKER: W. H. Walker | ADDRESS: Pocatello Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3706
Registered No.

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
(No. , St.)
Registration District No.
Primary Registration District No.
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. Elizabeth Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	Widow (or Widower)

6. DATE OF BIRTH
(Month) (Day) (Year)
1826

7. AGE
86 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Evan Hodgson

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Mary McDaniels

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm S. Hodgson
(Address) Pocatello Ida

15.
Filed 12 30 1912
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1912, to Dec 30 1912, that I last saw her alive on Dec 30 1912, and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.
Contributory (Secondary) old age
(Duration) 4 yrs. mos. ds.

(Signed) Casper Garland M. D.
19 (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Ogden Utah
DATE OF BURIAL: 191...

20. UNDERTAKER: W. P. Walker
ADDRESS: Pocatello Ida

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SVMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1370
Registered No. 10

1. PLACE OF DEATH.
County of Owyhee
City of D'Lamar

Registration District No. 30
Primary Registration District No. 2123
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Freeman —

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married —
6. DATE OF BIRTH: March (Month) 3 (Day) 1864 (Year)
7. AGE: 49 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.)
8. OCCUPATION
(a) Trade, profession or particular kind of work: Quartz Miner —
(b) General nature of industry business or establishment in which employed (or employer): D'Lamar Mining Co L—
9. BIRTHPLACE (State or Country): Cat Bridge, Exeter, Devonshire, England
10. NAME OF FATHER: Richard Freeman —
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Eliza Davy
13. BIRTHPLACE OF MOTHER (State or Country): England
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Martyn
(Address) D'Lamar Idaho
15.
Filed Dec 30 1912
T. D. Farrer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 29 — 6 A.M. (Month) (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1912, to Dec 29 1912
that I last saw him alive on Dec 28 1912
and that death occurred on the date stated above, at 9 P.M.
The CAUSE OF DEATH* was as follows:
General Peronitis —
Result from fall upon the abdomen
..... (Duration) ..... yrs. ..... mos. 9 ds.
Contributory (Secondary): None —
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) T. D. Farrer, M. D.
Dec 29 1912 (Address) D'Lamar —

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: D'Lamar Grove Yard
DATE OF BURIAL: Dec 31st 1912
20. UNDERTAKER: John Greta
ADDRESS: Silver City

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3703
Registered No.

1. PLACE OF DEATH.
County of Owyhee
City of D'Lamar

Registration District No. 30
Primary Registration District No. 2123
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME ——— Ygalde

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 21 (Day) 1912 (Year)

7. AGE: — yrs. — mos. 3 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): D'Lamar

10. NAME OF FATHER: Ignacio - Ygalde

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Culvale —

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ignacio Ygalde
(Address) D'Lamar Idaho

15. Filed Dec 30 1912 T. D. Foss, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June 24th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1912, to June 24 1912
that I last saw h/m alive on June 24 1912
and that death occurred on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows: Premature birth
7 months —
Unable to nurse —

..... (Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. D. Foss, M. D.
June 26 1912 (Address) D'Lamar

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: D'Lamar Cemetery
DATE OF BURIAL: June 25 1912

20. UNDERTAKER: None
ADDRESS: —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1 3709
Registered No. 11

1. PLACE OF DEATH.
County of Owyhee
City of D Lamar

Registration District No. 30
Primary Registration District No. 2122
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Fernando Fernandez —

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: August (Month) 30th (Day) 1917 (Year)

7. AGE: 4 yrs. ..... mos. 4 ds. 0
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): D Lamar

10. NAME OF FATHER: Barny Fernandez.

11. BIRTHPLACE OF FATHER (State or Country): Spain

12. MAIDEN NAME OF MOTHER: Polonia Mallea

13. BIRTHPLACE OF MOTHER (State or Country): Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Lorenz.
(Address) D Lamar Ida.

15. Filed Dec 30 1917 — T D Farrer, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: August (Month) 30th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 30th 1917, to August 31 1917, that I last saw h. i. m. alive on August 30 1917 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Instantly killed by Explosion of Grant Powder Caps, while playing with same.

6 (Duration) 0 yrs. 0 mos. 6 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. D. Farrer. M. D.
..... 19..... (Address) D Lamar Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Catholic Cemetary
DATE OF BURIAL ..... 191...

20. UNDERTAKER: John. Grete
ADDRESS: Silver City Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 9
County of Fremont Primary Registration District No. 2039.
City of Independence (No. ....., ... St.)
File No. 3710
Registered No. 179
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emily M. Hansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept. 21 (Month) (Day) 1901 (Year)

7. AGE: 11 yrs. 1 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Utah

10. NAME OF FATHER: Christian Hansen

11. BIRTHPLACE OF FATHER (State or Country): ~~Utah~~ Denmark,

12. MAIDEN NAME OF MOTHER: Olevia Nelson.

13. BIRTHPLACE OF MOTHER (State or Country): Denmark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Christian Hansen.
(Address) Thornton.

15. Filed Dec 10 1917 Ray A. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 3. (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1917, to Nov. 3 1917, that I last saw h[er] alive on Oct 3 1917 and that death occurred on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Chronic valvular heart disease.
(Duration) ..... yrs. 6 mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. C. Coleman M. D.
Nov 4 1917 (Address) Rexburg Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burton | DATE OF BURIAL: Nov 7 1917

20. UNDERTAKER: John Phillips. | ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 1
County of Fremont Primary Registration District No. 9038
City of Hibbard (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 3711
Registered No. 178
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Margoret Jensen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Sept 1 (Month) (Day) 1889 (Year)

7. AGE: 23 yrs. 3 mos. 3 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Utah.

10. NAME OF FATHER: Ephriam Blanchard.

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Ann Davis.

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. Blanchard.
(Address) Rexburg.

15. Filed Dec 10 1917 Ray Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 3 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1917, to Dec 1917, that I last saw her alive on Dec. 1917 and that death occurred on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. G. Espe M. D.

Dec 3 1917 (Address) Rexburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rexburg. DATE OF BURIAL: Dec 5 1917

20. UNDERTAKER: John Phillips. ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3712

Registered No. 130

1. PLACE OF DEATH.
County of Fremont
City of Thornton
(No. ..... St.)

Registration District No. 9
Primary Registration District No. 2039

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME George L. Corey.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Dec. 13. (Month) (Day) 1839 (Year)

7. AGE: 77 yrs. 11 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois.

10. NAME OF FATHER: Lyman Corey.

11. BIRTHPLACE OF FATHER (State or Country): Vermont.

12. MAIDEN NAME OF MOTHER: Elizabeth Wright.

13. BIRTHPLACE OF MOTHER (State or Country): Indiana.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. L. Corey.
(Address) Thornton.

15. Filed 12-10 1917 G. J. Esplin. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 9 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-22 1917, to 12-9 1917 that I last saw h[im] alive on 11-22 1917, and that death occurred on the date stated above, at 2 a. M.

The CAUSE OF DEATH* was as follows:

Stricture of Esophagus.
probably malignant

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Hyde Jr. M. D.
Dec 9 1917 (Address) Rexburg Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Burlow Ida. DATE OF BURIAL: 12-11 1917

20. UNDERTAKER: J. R. Young. ADDRESS: Rexburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County of Fremont
City of Heise
Registration District No. 9
Primary Registration District No. 2040
(No. ....., ... St.)
File No. 371
Registered No. 154

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Walter Heise Hastings

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Babe

6. DATE OF BIRTH: Nov 28 (Month) (Day) 1917 (Year)

7. AGE: ..... yrs. ..... mos. 6 ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: N. O. Hastings

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Bertha James

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. O. Hastings
(Address) St. Anthony

15. Filed Dec 10 1917 Roy H. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 3 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 1917, to Dec 3 1917 that I last saw her alive on Nov 28 1917 and that death occurred on the date stated above, at 2a M.

The CAUSE OF DEATH* was as follows:

Atelectasis - and Feeble Contraction, Premature

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Melton M. D.

Dec 3 1917 (Address) Menan - Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rigby Idaho — DATE OF BURIAL: Dec 5 1917

20. UNDERTAKER: Friends — ADDRESS: Heise Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 '20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2040
File No. 3716
Registered No. 126

1. PLACE OF DEATH.
County of Fremont.
City of Rigby
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Percy Edward Farrell

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. DATE OF BIRTH: Feb. 11th 1923 (Month) (Day) (Year)

7. AGE: 9 yrs. 9 mos. 23 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boy.
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: Patrick Edward Farrell

11. BIRTHPLACE OF FATHER (State or Country): Canada.

12. MAIDEN NAME OF MOTHER: Annie Shaunessy

13. BIRTHPLACE OF MOTHER (State or Country): Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Patrick Farrell
(Address) Rigby Idaho

15. Filed Dec. 10 1923 Ray St. Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 4 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Accidentally dragged by horse. Fracture of Skull. Ruptured Spleen.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) up to death
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray St. Fisher M. D.
Dec 7 1923 (Address) Rigby Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rigby Idaho — DATE OF BURIAL: Dec 1923

20. UNDERTAKER: E. A. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 9
Primary Registration District No. 2040
File No. 3717
Registered No. 177

1. PLACE OF DEATH.
County of Bingham.
City of Grant.
(No. ....., St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Harvey Walters.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Babe.
6. DATE OF BIRTH: Dec (Month) 7 (Day) 1911 (Year)
7. AGE: ..... yrs. ..... mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe.
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Idaho
10. NAME OF FATHER: R H Walters.
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Lettie Howick.
13. BIRTHPLACE OF MOTHER (State or Country): Utah.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R H. Walters.
(Address) Idaho Falls. R4 D5.
15. Filed DEC 10 1911 Ray H Fisher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 9 (Day) 1911 (Year)
17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Morphy St. Brain Meningitis.
Bataby delirigass - and
Congenital heart weakness.
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. 1½ ds.
(Signed) Ray H. Fisher M. D.
DEC 9 1911 (Address) Rigby - Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Grant. DATE OF BURIAL: DEC 10 1911
20. UNDERTAKER: Friends. ADDRESS: Rigby.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3718
Registered No. 125

1. PLACE OF DEATH.
Registration District No. 9
County of Fremont
Primary Registration District No. 2040
City of Butte's Island (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME No name. 6 mo. Female fetus

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Born

6. DATE OF BIRTH
..... 1
(Month) (Day) (Year)

7. AGE
.....yrs. .....mos. .....ds.
IF LESS than 1 day how many ..... hrs. or 10 mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Idaho.

10. NAME OF FATHER Morcellus Chase.

11. BIRTHPLACE OF FATHER (State or Country) Utah.

12. MAIDEN NAME OF MOTHER Lena Sowder.

13. BIRTHPLACE OF MOTHER (State or Country) Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Morcellus Chase.
(Address) Lorenzo, Idaho R.F.D.

15.
Filed Dec. 10 191 7 Ray H. Fisher M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec 3 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1917, to Dec 3 1917, that I last saw h.. alive on Dec 3 1917 and that death occurred on the date stated above, at 10:10 P.M.

The CAUSE OF DEATH* was as follows:

6 mo. utero-gestation.

.....(Duration) .....yrs. .....mos. .....ds.

Contributory (Secondary) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) Ray H. Fisher M. D.
Dec 10 1917 (Address) Rigby, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs. .....mos. .....days. In the State .....yrs. .....mos. .....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Butte's Island. DATE OF BURIAL: Dec 3 1917

20. UNDERTAKER: Friends ADDRESS: ~~Rigby~~ Lorenzo R.F.D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 78710

Registered No. 78

1. PLACE OF DEATH.

Registration District No.

Primary Registration District No.

County of Ada

City of Boise (No. 104, East Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Maud M. C. Elwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Divorced

6. DATE OF BIRTH: Feb. (Month) 17th (Day) 1873 (Year)

7. AGE: 39 yrs. 8 mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Mass.

10. NAME OF FATHER: Sherman W. Covenant

11. BIRTHPLACE OF FATHER (State or Country): Mass.

12. MAIDEN NAME OF MOTHER: Sarah E. Harmon

13. BIRTHPLACE OF MOTHER (State or Country): Maine.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah E. Page
(Address) Seattle

15. Filed 10/19 191 2 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 16 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 191 2, to Oct 16 191 2, that I last saw h[illegible] alive on Oct 16 191 2, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Lung cancer Thrush

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (Secondary) Lung cancer Thrush

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W. M. Lackey M. D.

Oct 17 191 2 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Oct 19 191 2

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of Ada

Primary Registration District No.

File No. 3720

City of Boise (No. 470, State St.)

Registered No. 69

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Daley

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~. (*Write* the word.)

6. DATE OF BIRTH: March (Month) 17th (Day) 1837 (Year)

7. AGE: 73 yrs. 6 mos. 16 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: retiress
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Andrew Flynn

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Ann Golden

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna T. Daley
(Address) 305 Jefferson St. Boise, Ida

15. Filed 10/8 191 2 C. W. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 5th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/1/11 1911, to 10/6 1912, that I last saw h[illegible] alive on Oct 6 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Glosso-Labio Laryngeal Paralysis (Chronic progressive Bulbar paralysis)
(Duration) 1 yrs. mos. ds.

Contributory (Secondary): Senility
(Duration) yrs. mos. ds.

(Signed) Thad. A. Finney M. D.
10/7 1912 (Address) Idaho Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 9 yrs. mos. days. In the State 40 yrs. mos. days.
Where was disease contracted if not at place of death?
Former or usual residence Placerville Ida

19. PLACE OF BURIAL OR REMOVAL: Placerville Cemetery | DATE OF BURIAL: Oct. 8 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3721

Registered No. 70

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. .....

County of Ada

near City of Boise

(No. East of City Limits St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Moses Hubert Goodwin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: December (Month) 29 (Day) 1835 (Year)

7. AGE: 76 yrs. 9 mos. 2 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer): Lumber Merchant

9. BIRTHPLACE (State or Country): Maine

10. NAME OF FATHER: Moses Goodwin

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Hanna Rickert

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis Goodwin

(Address) Boise

15. Filed 10/4 191 2 C. W. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 1 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/1 1912, to 10/1 1912, that I last saw h[illegible] alive on 10/1 1912, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Arteria - Sclerosis.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred A. Tilton M.D.

19..... (Address) Owsley Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery

DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: Schreiber & Sidenfaden

ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. .....

File No. 3722

County of Ada

City of Boise (No. 436, South 11th St.)

Registered No. .....

If death occurs away from usual resider ce, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Paul O. Webb

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: May (Month) 29 (Day) 1872 (Year)

7. AGE: 40 yrs. 4 mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Electrician
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: James M. Webb

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Charlotte Martin

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Webb

(Address) Boise

15. Filed 10/23 1912 C. M. Comer Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1912 to Oct 20 1912 that I last saw h is alive on Oct 20th 1912 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Chronic Bright's disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Springer M. D.

Oct 23 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State 7 yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence La Fontain

19. PLACE OF BURIAL OR REMOVAL: La Fontain Ind. | DATE OF BURIAL: Oct 23 1912 Shipment

20. UNDERTAKER: Schreiber & Hidenfeldt | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3723
Registered No. 68

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. North 16 St.)
Registration District No.
Primary Registration District No.
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Paul E. Peake

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married
6. DATE OF BIRTH: not obtainable 1 (Month) (Day) (Year)
7. AGE: 25 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.
8. OCCUPATION
(a) Trade, profession or particular kind of work: Teamster
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Kansas
10. NAME OF FATHER: Rudolph Peake
11. BIRTHPLACE OF FATHER (State or Country): Ill
12. MAIDEN NAME OF MOTHER: Jennie Elder
13. BIRTHPLACE OF MOTHER (State or Country): not obtainable
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Fann
(Address) 1906 N 7th
15. Filed Oct 2 1912 Boise Ida C McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 29 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1912, to Sept. 29 1912 that I last saw him alive on " " 1912, and that death occurred on the date stated above, at 11-30 P.M.
The CAUSE OF DEATH* was as follows:
Paralysis from pus absorption
(Duration) yrs. mos. 15 ds.
Contributory (Secondary) Appendicitis, Recurrent and Gravel
(Duration) 3 or 4 yrs. mos. ds.
(Signed) Robbin S. Gregory M. D.
19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 10 ds. In the State Idaho yrs. 3 mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence. Waterfield Brick Plant

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Oct 2 1912
20. UNDERTAKER: Fry & Summers — ADDRESS: 150 Jeff Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

47

File No. 3724

Registered No. 1

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 110 E. Bannock St.)

Registration District No.

Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maggie Call

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1884 (Year)

7. AGE: 28 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Smith Co. Virg

10. NAME OF FATHER: Mr Hash

11. BIRTHPLACE OF FATHER (State or Country): Virg

12. MAIDEN NAME OF MOTHER: not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country): Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R Call
(Address) Meridian, Idaho

15. Filed 10/20 191 2 C S McCann Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 19th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1912, to Oct 18 1912, that I last saw h-r alive on Oct 18 1912, and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. 1 mos. 14 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Carl Nail M. D.

10/19 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence Meridian, Idaho

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 10/20 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3725
Registered No.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 705, Idaho St. St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Fong Shue Sack

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Yellow
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not obtainable (Month) 1 (Day) (Year)

7. AGE: About 58 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant Member
(b) General nature of industry business, or dstablishment in which employed (or employer): Sang Wo Co. Boise

9. BIRTHPLACE (State or Country): China

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): China

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): China

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Schreiber
(Address) Boise

15. Filed 10/22 191 7 C. S. McCune Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 21 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21 1912 to Oct 21 1912 that I last saw him alive on Oct 31 1912 and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Cerebral embolism
(Duration) yrs. mos. ds.
Contributory Diabetes
(Secondary)
(Duration) yrs. mos. ds.

(Signed) Ralph Tall M. D.
Oct 31 19 12 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE ~~OF BURIAL OR~~ REMOVAL: Hong Kong China | DATE OF ~~BURIAL~~: Nov 1 1912

20. UNDERTAKER: Schreiber & Nicholson | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRST & SONS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF [redacted]

1. **PLACE OF DEATH.**

Registration District No. ..... Bureau of Vital Statistics

County of .....

Primary Registration District No. ..... File No. 3165

City of ..... (No. 1405 N. 14th St.)

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. **FULL NAME** Henry H. Hawkins

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. **DATE OF BIRTH** Aug (Month) 19th (Day) 1844 (Year)

7. **AGE** 68 yrs. 2 mos. 1 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. **OCCUPATION**

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Ray Co. Mo

10. **NAME OF FATHER** Not Obtainable

11. **BIRTHPLACE OF FATHER** (State or Country) Not Obtainable

12. **MAIDEN NAME OF MOTHER** Not Obtainable

13. **BIRTHPLACE OF MOTHER** (State or Country) Not Obtainable

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Dean Hawkins

(Address) .....

15. Filed 10/23 191[illegible] [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** Oct (Month) 20 (Day) 1912 (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from Jany 10 1911, to Oct 20 1912; that I last saw him alive on Oct 15 1912 and that death occurred on the date stated above, at 10P M.

The **CAUSE OF DEATH*** was as follows:

Cardiac Dropsy

(Duration) 1 yrs. 6 mos. ds.

Contributory (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) James L. Stewart M. D.

19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Placerville Ida — **DATE OF BURIAL** Oct 23 1912

20. **UNDERTAKER** Schreiber & Hidenfelder — **ADDRESS** Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Smith & Stewart

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 201, Broadway St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.

File No. 79372
Registered No. 79
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Elizabeth Weber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 8 (Day) 1858 (Year)

7. AGE: 54 yrs. 9 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Phelps Co. Mo.

10. NAME OF FATHER: John Loftin

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Margt Mirrell

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J H Weber
(Address) Boise, Idaho.

15. Filed 10/19 191? C. M. McEnnes Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct (Month) 17? (Day) 191? (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Heart Failure
Patient Dead when I arrived.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. H Tallman M. D.
10-19 191? (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Oct 19 191?

20. UNDERTAKER: Nevada & Hidenfedia — ADDRESS: Boise

Tolman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3728

Registered No. 67

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. 1602 North 6th St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Geo. Wilson Drummond

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) (Day) 1875 (Year)

7. AGE: 36 yrs. 11 mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Colorado

10. NAME OF FATHER: Robert Drummond

11. BIRTHPLACE OF FATHER (State or Country): American

12. MAIDEN NAME OF MOTHER: Lizzie Bort

13. BIRTHPLACE OF MOTHER (State or Country): American

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H. E. Swan

(Address) Reno Nevada

15. Filed 10/6 191 2 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1912, to Oct 4 1912 that I last saw h in alive on Oct 3 1912 and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Mutual Insufficiency

(Duration) 3 yrs. — mos. — ds.

Contributory (Secondary) Pneumatic Fever

(Duration) yrs. mos. ds.

(Signed) Fred. A. Tillinghast M. D.

19 (Address) Falk Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence: Jordan Valley Ore.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Oct 6 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St. Lukes Hospital St.)

File No. 3729
Registered No. 12
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Norman David Ford

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec 27 1911 (Month) (Day) (Year)

7. AGE: 10 yrs. 10 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise Idaho

10. NAME OF FATHER: James A. Ford

11. BIRTHPLACE OF FATHER (State or Country): Texas

12. MAIDEN NAME OF MOTHER: Katherine Waad

13. BIRTHPLACE OF MOTHER (State or Country): Michigan

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Mrs J. A. Ford
(Address) Boise, Idaho

15. Filed 10/8 1912 C. M. Comer Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 7th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1912, to Oct 7th 1912, that I last saw h[illegible] alive on Oct 6th 1912, and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Intussusception of the bowels
(Duration) ..... yrs. ..... mos. 3½ ds.
Contributory (Secondary) Surgical collapse
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J. E. Broom M. D.
Oct 8th 1912 (Address) City

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetary — DATE OF BURIAL: Oct 8 1912

20. UNDERTAKER: Frey & Summers — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3730
Registered No. 83

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. St Lukes Hospital St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Samuel Carr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: April 21 1912 (Month) (Day) (Year)
7. AGE: ___ yrs. 6 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession or particular kind of work: None Infant
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Nampa
10. NAME OF FATHER: Fred Carr
11. BIRTHPLACE OF FATHER (State or Country): Neb.
12. MAIDEN NAME OF MOTHER: Effie Graham
13. BIRTHPLACE OF MOTHER (State or Country): Kansas.
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Carr
(Address) Nampa Idaho
15. Filed 10/31 1912 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 23 1912 (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1912, to Oct 23 1912 that I last saw him alive on Oct 23 1912, and that death occurred on the date stated above, at 1 a M.
The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
Volvulus
(Duration) ... yrs. ... mos. 4 ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) James L Stewart M. D.
Oct 23 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa Ida — DATE OF BURIAL: Oct 24 1912
20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No.

County of Ada

Primary Registration District No.

File No. 3731

City of Boise (No. 410, State St.)

Registered No. 71

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Johnston.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	widower

6. DATE OF BIRTH

June 8 1819 1
(Month) (Day) (Year)

7. AGE

93 yrs. 4 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Irland

10. NAME OF FATHER Not ottainable

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irene Hart Beall

(Address) 217 Hart St.

15.

Filed 10/5 191 2 C M Cowell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct 3 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1908 to 1908, to Oct 3 1912,

that I last saw h alive on Oct 3 1912,

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred A. Fenn M.D.

19 (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	Oct. 5 1912
20. UNDERTAKER	**ADDRESS**
Schneider & Hidenfelder	Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. 410 State St.)

File No. 3757

Registered No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jessie Basil McCulley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 24 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Penn

10. NAME OF FATHER: Wm. A. McCulley

11. BIRTHPLACE OF FATHER (State or Country): Penn

12. MAIDEN NAME OF MOTHER: Catherine Weed.

13. BIRTHPLACE OF MOTHER (State or Country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W A McCulley.
(Address) Boise

15. Filed 10/29 1917 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct 26 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 1917, to Oct 26 1917, that I last saw h[illegible] alive on Oct 26 1917 and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Unknown infection

(Duration) 1 yrs. 1 mos. 1/2 ds.

Contributory (Secondary) Ulcerative endocarditis

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) M. H. Dallman M. D.

10-26 1917, (Address) Boise, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Oct. 29 1917

20. UNDERTAKER: Schreiber & Heidenfelder | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3733

Registered No.

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 110 E. Bannock St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Baby Curtis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: October 25, 1912 (Month) (Day) (Year)

7. AGE: ____ yrs. ____ mos. ____ ds. IF LESS than 1 day how many ..... hrs. or 2.0. min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Boise, Idaho, St. Luke's Hospital

10. NAME OF FATHER: R. A Curtis

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Sarah Appold

13. BIRTHPLACE OF MOTHER (State or Country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Virginia Wyatt
(Address) St. Luke's Hospital

15.
Filed ..... 191....
C S McConnell
Local Registrar
By J Stauffer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 25 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h... alive on ..... 191....,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

This child was premature
& Lived 5 hrs. & breathed
a few time & died probably
Duration ... yrs. ... mos. ... ds. exhaustion & non
Contributory (Secondary) development, cause
(Duration) ... yrs. ... mos. ... ds. of death.

(Signed) C. H. Smith M. D.
10/25 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place St Lukes Hospital
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
Where was Disease contracted,
If not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery
DATE OF BURIAL: 10/25 1912

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3734
Registered No.

1. PLACE OF DEATH. Registration District No.
County of Boise Primary Registration District No.
City of Arrowrock (No. , St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Selma Elvira Wilson
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: October 24 1910 (Month) (Day) (Year)

7. AGE: 2 yrs. 0 mos. 0 ds. IF LESS than 1 day how many ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Babe.
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pocatello - Idaho.

10. NAME OF FATHER: George N. Wilson.

11. BIRTHPLACE OF FATHER (State or Country): California

12. MAIDEN NAME OF MOTHER: Lillian Underwood.

13. BIRTHPLACE OF MOTHER (State or Country): Montana.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. H. Shaw
(Address) Arrowrock, Idaho

15. Filed 10/25 1912 C. A. McComas Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 24 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1912, to Oct. 24 1912.
that I last saw her alive on Oct. 24 1912,
and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(Duration) — yrs. — mos. 7 ds.
Contributory (Secondary) Whooping Cough.
(Duration) — yrs. 13 mos. — ds.

(Signed) Joseph W. H. Shaw M. D.
Oct 25 1912. (Address) Arrowrock, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery Co. Plat — DATE OF BURIAL: Oct. 25 1912

20. UNDERTAKER: Schreiber & Liedenfader — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 18672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3735

Registered No. 27

1. PLACE OF DEATH.

County of Ada

City of Boise

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St. Judes Hospital St.)

2. FULL NAME John Clay

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White American	Single

6. DATE OF BIRTH Not Obtainable 1
(Month) (Day) (Year)

7. AGE — yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Oregon Short Line
(b) General nature of industry business, or dstablishment in which employed (or employer) Rail Road Brakeman

9. BIRTHPLACE (State or Country) Not Obtainable

10. NAME OF FATHER Not Obtainable

11. BIRTHPLACE OF FATHER (State or Country) Not Obtainable

12. MAIDEN NAME OF MOTHER Not Obtainable

13. BIRTHPLACE OF MOTHER (State or Country) Not Obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. E. Crisman
(Address) Boise

15.
Filed 11-a 1912 C. M. Comer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 10 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-28 A.M. 1912, to 10-28 P.M. 1912, that I last saw h in alive on Monday 9 A.M. 1912, and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Shock following Amputation of right limb

(Duration) yrs. mos. 1 day

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Smith M. D.

19 (Address) 410 Overland

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence Pocatello

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemet | DATE OF BURIAL: Nov 2 1912

20. UNDERTAKER: Fry & Summers | ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. .....

Primary Registration District No. .....

File No. 3435

County of Ada

City of Boise (No. 1201, River St.)

Registered No. 41

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Helen L. O. Neill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: March (Month) 24 (Day) 1872 (Year)

7. AGE: 40 yrs. 7 mos. 14 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Redmond N. Dodson

11. BIRTHPLACE OF FATHER (State or Country): Mo.

12. MAIDEN NAME OF MOTHER: Hannah J. Mullen

13. BIRTHPLACE OF MOTHER (State or Country): Mo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. O. Neill
(Address) Boise

15. Filed 11-12 191 C. M. Conrad Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1912, to Nov 10 1912, that I last saw her alive on Nov 9th 1912, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

(Duration) yrs. 3 mos. ds.

Contributory (Secondary) Diabetes

(Duration) 7 yrs. mos. ds.

(Signed) Attorney M. D.

11/12 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: Nov 12 1912

20. UNDERTAKER: Shevlin & Hedenskov — ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 707 North 20th St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.

File No. 3737
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Minnie Mitchell Risser

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: August 11, (Month) (Day) 1871 (Year)

7. AGE: 41 yrs. 3 mos. 10 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife of High School Instructor
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Colchester, Illinois

10. NAME OF FATHER: David B. Mitchell

11. BIRTHPLACE OF FATHER (State or Country): Scotland

12. MAIDEN NAME OF MOTHER: Margaret W. Lumsden

13. BIRTHPLACE OF MOTHER (State or Country): Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oswald S. Risser
(Address) Boise, Idaho

15. Filed Nov 22 1912 C. S. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 21st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14th 1912, to Nov 21st 1912, that I last saw her alive on Nov 19th 1912, and that death occurred on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Sub acute Parenchymatous Nephritis

Probable (Duration) 0 yrs. 3 mos. — ds.

Contributory (Secondary) Unknown (Duration) yrs. mos. ds.

(Signed) J. M. Taylor M. D.
Nov 22 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: What Cheer, Iowa. DATE OF ~~BURIAL~~ Shipment: Nov. 23 1912

20. UNDERTAKER: Sonnibee & Siddenfaden ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 10373
Registered No. 101

1. PLACE OF DEATH.
Registration District No.
County of Ada
Primary Registration District No.
City of Boise
(No. St. Justus Hospital St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs Jessie Sophia Source

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White American
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Mar 20 1873 (Month) (Day) (Year)

7. AGE: 39 yrs. 8 mos. 7 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: Earl Smith

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Susan Felch

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter E. Smith
(Address) 1415 N. 18 Boise

15. Filed 11/28 1912 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 26 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1912 to Nov 26 1912, that I last saw her alive on Nov 26 1912, and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Lineal Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. E. Smith M. D.

Nov 28 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Meridian Cemetary
DATE OF BURIAL: 191

20. UNDERTAKER: Ivy Summers
ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SVMS - YORK CO., PTRS. & BDRS. 19760

Amended items #2, #6, #7, #12, #14. 12-14-93 ms

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1023739

Registered No. 102

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH. - Registration District No.

County of Ada

Primary Registration District No.

City of Boise (No. 110, East Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Edward Edgar C Brown

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: May 7, 1891
(Month) May (Day) 14 (Year) 1891

7. AGE: 21 yrs. 6 mos. 13 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Illinois.

10. NAME OF FATHER: Nelson Brown

11. BIRTHPLACE OF FATHER (State or Country): N. J.

12. MAIDEN NAME OF MOTHER: Maggie Mowry Maggie Evans

13. BIRTHPLACE OF MOTHER (State or Country): Ills

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bert Bert Brown
(Address) Smith Prairie

15. Filed 11/27 1917 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1912, to Nov. 27 1912, that I last saw him alive on Nov. 27 1912, and that death occurred on the date stated above, at 1.30 M.

The CAUSE OF DEATH* was as follows:
Organic heart lesions -
following rheumatism -

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carl Hill M. D.
11/28 1912 (Address) Boise Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Smith Prairie — DATE OF BURIAL: Nov. 29 1912

20. UNDERTAKER: Johnson & Hidenfadem — ADDRESS: Boise

Dr. Hill

CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & BDRS. 19760

10-17-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss. NOV 13 10 34 AM '93

Certificate No. 3739
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of DEATH

for Edward Brown (Name on Original Certificate) who died (Was Born, Died, etc.) on Nov 27, 1912 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Maiden name of deceased's Mother	Henry	Evans
Name of Deceased	Edward Brown	Edgar C Brown
Deceased's Birthdate	May 14, 1891	May 7, 1891
Deceased's Age	21 yrs 6 mos 13 daya	21 yrs 6 mos 20 days
Informant's given name	Burt	Bert

Subscribed and sworn to before me this 16th day of November, 1993.

Notary Public, Janet M Friesen

Residing at Tualatin OR

My commission expires 5/13/95

(Seal) OFFICIAL SEAL JANET M. FRIESEN NOTARY PUBLIC-OREGON COMMISSION NO. 003761 MY COMMISSION EXPIRES MAY 13, 1995

x Robert W Brown
Signature of Applicant

x20755 SW Pruslo, Tualatin, OR
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Obviously old Bible record shows Edgar Brown was born May 7, 1891 viewed vs 12-14-93 ms.

Washington State Death Certificate filed 1-24-30 #12 for William Nelson Brown shows his wifes name is Maggie Evans Brown viewed vs 12-14-93 ms.

Obviously old post card addressed to Mr. Bert Brown viewed vs 12-14-93 ms.

Post card dated 7-12-1911 signed by Edgar C. Brown viewed vs 12-14-93 ms.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1 0 3 7 4 0

Registered No. 103

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 410, Etta St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Linnie Una Owen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 8 (Day) 1896 (Year)

7. AGE: 16 yrs. 7 mos. 18 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: John Moore

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Ella Brown

13. BIRTHPLACE OF MOTHER (State or Country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ella Bodelen
(Address) Boise

15. Filed 11/27 191 2 — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 26 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 191 2 to Nov 26 191 2 that I last saw her alive on Nov 26 191 2 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Specific salpingitis (Gonorrheal)
Operation followed by sepsis

(Duration) yrs. 1 mos. 14 ds.

Contributory (Secondary) Syphilis

(Duration) ? yrs. mos. ds.

(Signed) W. H. Fullerton M. D.

11-26 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lapline Cemetery — DATE OF BURIAL: Nov. 28 1912

20. UNDERTAKER: Schreiber & Liedenfelden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 18760

Talmage

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of near Meridian

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

(No. St.)

File No. 3741

Registered No. 90

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Teddy Arregui

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht	Single

6. DATE OF BIRTH

Nov. (Month) 9 (Day) 1905 (Year)

7. AGE

7 yrs. — mos. 1 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Student

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Boise Idaho.

10. NAME OF FATHER Matteo Arregui

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Adriana Celaya

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mateo Arregui

(Address) Boise

15.

Filed 11-12 191 C. M. Conner Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Nov. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ dead Nov 10 1912 and ~~that I last saw h alive on~~ 191 ; and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

fracture of the skull by accidently falling off horse

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M. D.

19 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	11/12 191 2

20. UNDERTAKER	ADDRESS
Schreiber & Sideaden	Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3743
Registered No.

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 19th Eastman St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.

2. FULL NAME Elizabeth Stewart
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: American white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): single

6. DATE OF BIRTH: Nov (Month) 20 (Day) 1912 (Year)

7. AGE: # yrs. # mos. 2 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Blaine S. Stewart

11. BIRTHPLACE OF FATHER (State or Country): Vermont

12. MAIDEN NAME OF MOTHER: Ethel Cahoon

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. L. Glass
(Address) Boise

15. Filed 11/23 1917 C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1912, to Nov 22 1912, that I last saw her alive on Nov 22 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Congenital heart dis.

(Duration) # yrs. # mos. 2 ds.

Contributory (Secondary) —
(Duration) yrs. mos. ds.

(Signed) R. L. Glass M. D.
11/23 1917 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Nov 24 1912

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3745

Registered No. 58

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. St Lukes Hosp. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John F. Sullivan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not obtainable (Month) (Day) (Year)

7. AGE: 83 yrs. — mos. — ds. —

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Steuben Co. N. Y.

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Sullivan
(Address) Silver City Ida

15.
Filed Nov 16 191 7 C. S. M. Council
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 13" 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4" 1917, to Nov 13 1917, that I last saw him alive on Nov 13 - 191, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Smith M. D.

11/16 1917 (Address) Boise, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery — DATE OF BURIAL: Nov 16 1917

20. UNDERTAKER: Fry & Summers — ADDRESS: 15 Jeff Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3746

Registered No. 84

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 1001 N. 19 — St.)

Registration District No.

Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Sarah Frances Hoover

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb (Month) 5 (Day) 1835 (Year)

7. AGE: 77 yrs. 8 mos. — ds. —

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business, or dstablishment in which employed (or employer): Wife

9. BIRTHPLACE (State or Country): Vt.

10. NAME OF FATHER: Abel Hubbert

11. BIRTHPLACE OF FATHER (State or Country): Vt

12. MAIDEN NAME OF MOTHER: Sophia Miller

13. BIRTHPLACE OF MOTHER (State or Country): Vt.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E M Hoover

(Address) 1005 Harrison Boise

15.

Filed 11/9 191...

C A McCune
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 6 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 191[illegible], to Nov 6 191[illegible], that I last saw h[illegible] alive on Nov 6 191[illegible], and that death occurred on the date stated above, at 1230 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ... yrs. ... mos. 20 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. L. Glasscock M. D.

19... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ...yrs ...mos ...days. In the State ...yrs ...mos ...days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 11/[illegible] 191[illegible]

20. UNDERTAKER: Fry & Summers | ADDRESS: Boise Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 9837

Registered No. 98

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 410, State St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

Primary Registration District No.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Andrewartha

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.): Married

6. DATE OF BIRTH: Not obtainable (Month) 1 (Day) (Year)

7. AGE: about 74 yrs. mos. ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. H. Andrewartha

(Address) Boise

15. Filed 11/21 191[illegible] C. M. McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November 23 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1912 to Nov 22 1912 that I last saw h[illegible] alive on Nov 21 1912 and that death occurred on the [illegible]te stated above, at [illegible] M.

The CAUSE OF DEATH* was as f[illegible]s:

Apoplexy

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fox Caldwell M. D.

19[illegible] (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence: South Boise

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Nov 28 1912

20. UNDERTAKER: Schreiber & Hidenfeldt | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1 00 3748

Registered No. 1 00

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District [redacted]

Primary Registration District No.

County of Ada

City of Boise (No. 512, Franklin St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sues Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	Yellow	Married (Write the word.)

6. DATE OF BIRTH

Unknown 1
(Month) (Day) (Year)

7. AGE

about 70 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry business, or dstablishment in which employed (or employer) 0

9. BIRTHPLACE (State or Country) China

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (State or Country) China

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [signature]

(Address) 512 Franklin St. Boise

15.

Filed 11/25 1912 [signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

November 24th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1912 to Nov 24th 1912, that I last saw h[illegible] alive on Nov 14 1912, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. B. Smith M. D.

Nov 27 1912 (Address) Boise, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morgan Cemetery	Nov. 27 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

Dr Smith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & SONS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3719

Registered No. 93

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 1001, Main St.)

Registration District No.

Primary Registration District No.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Aaron D Robinson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June 3rd (Month) (Day) 1850 (Year)

7. AGE: 62 yrs. 4 mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Petersburg Va.

10. NAME OF FATHER: Isaak Robinson

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: Do not Know

13. BIRTHPLACE OF MOTHER (State or Country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Howard Robinson
(Address) 1017 Washington

15. Filed 11/14 1912 C S McConnel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h... alive on ..... about 191..., and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

apopexy

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Fred. G. Tillmetts M. D.

11/14 1912 (Address) Idaho Bld

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Beth Israel Cemetery — DATE OF BURIAL: Nov. 14 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 10437 5

Registered No. 104

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. 1925 N. 19 — St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Oconnell

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Dec (Month) 25 (Day) 1838 (Year)

7. AGE: 53 yrs. 11 mos. 3 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Harrisburg Ky.

10. NAME OF FATHER: J. Oconnell

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Nora Shehan

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Wm OConnell
(Address) 1617 N. 18 St

15. Filed 11/29 191 2 C. M. Connell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 28th (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26th 191 2 to Nov. 28th 191 2 that I last saw him alive on Nov 28th 191 2 and that death occurred on the date stated above, at 7:30 M.

The CAUSE OF DEATH* was as follows:

Brights disease (acute)

(Duration) yrs. mos. 3 ds.

Contributory (Secondary) 0

(Duration) yrs. mos. ds.

(Signed) John Bank M. D.

Nov 29 191 2 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Dec 1 191 2

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Boise
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. 410, State)

File No. 3751
Registered No. 82
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Xavier

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
(Month) (Day) 1857 (Year)

7. AGE
55 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Azore Island Portugal

10. NAME OF FATHER: not obtainable

11. BIRTHPLACE OF FATHER (State or Country): not obtainable

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sister M Finton
(Address): Boise

15.
Filed 11/8 191
C S McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov (Month) 7th (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/15 191 2, to 11/6 191 2, that I last saw h alive on 11/5 191 2, and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) 1 yrs. 2 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Fred R Jennings M. D.
11/8 1912 (Address) Talk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 mos. days. In the State yrs. mos. days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery
DATE OF BURIAL: 11/8 191 2

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 3752

Registered No. 102

County of Ada

City of Boise (No. 112 E. Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Ann Riggs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: Aug 23 '12 1834
(Month) (Day) (Year)

7. AGE: 78 yrs. 3 mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... retired
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Ky

10. NAME OF FATHER: Dabney Lipscumb

11. BIRTHPLACE OF FATHER (State or Country): Ky

12. MAIDEN NAME OF MOTHER: Susan Davis

13. BIRTHPLACE OF MOTHER (State or Country): Ky

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. D. Riggs
(Address) Emmett, Ida

15.
Filed ..... 191 ..... C. S. McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 14th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1912, to Dec 5 1912, that I last saw her alive on Dec 5th 1912, and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

No definite cause - known - failing gradually for some months Epileptic attacks for 12 years

(Duration) 12 yrs. ..... mos. ..... ds.

Contributory (Secondary) Senility, Epileptiform attacks

(Duration) 2 yrs. 6 mos. ..... ds.

(Signed) W. Lloyd H. Taylor M. D.

Dec 16 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death 2 yrs. 6 mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence Emmett, Idaho

19. PLACE OF BURIAL OR REMOVAL: Emmett, Idaho | DATE OF BURIAL: 12/15 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3705

Registered No. 106

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Ada

City of Boise

(No. St. Alphonsus Hosp. St.)

Registration District No. 2

Primary Registration District No. 1054

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ozro M Hale

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married.

6. DATE OF BIRTH: July (Month) 12 (Day) 1840 (Year)

7. AGE: 72 yrs. 10 mos. 3 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Veteran of Civil
(b) General nature of industry, business, or dstablishment in which employed (or employer): Wad.

9. BIRTHPLACE (State or Country): Michigan

10. NAME OF FATHER: Peike E Hale

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Elizabeth Daniels

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. H. Burnett
(Address) Soldiers' Home

15.
Filed ..... 191...
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. (Month) 14 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1912, to Dec 15 1912, that I last saw him alive on Dec 15 1912, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

.....(Duration)....yrs....mos....ds.

Contributory (Secondary)

.....(Duration)....yrs....mos....ds.

(Signed) Fred A. Tilling M. D.

19.... (Address) Falk Bldg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Military Cemetery | DATE OF BURIAL: Dec 16 1912

20. UNDERTAKER: Terry & Summers | ADDRESS: Boise Ida

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1004

City of Boise

(No. 920, Main St.)

File No. 3154

Registered No. 110

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jno F. Miller

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1854 (Year)

7. AGE: 58 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: Henry Miller

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Regina Martin

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Miller
(Address) Boise City

15.
Filed ..... 191...
C. S. McConnel
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Apoplexy
Called a few minutes after death

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Brown M. D.
Dec, 1912 (Address) Boise Ida,

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence 3 Miles N.W. of City

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery | DATE OF BURIAL: 12/15 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada — Registration District No. 2

City of Boise — Primary Registration District No. 1004

(No. 720 State St. — St.)

File No. 3755

Registered No. 112

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wingrove A. Coughlin

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: July (Month) 24 (Day) 1872 (Year)

7. AGE: 40 yrs. 5 mos. 24 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Owassa Mich

10. NAME OF FATHER: William Tawresney

11. BIRTHPLACE OF FATHER (State or Country): Newyork

12. MAIDEN NAME OF MOTHER: Matilda Pres

13. BIRTHPLACE OF MOTHER (State or Country): Newyork

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. T. Coughlin
(Address) Boise Idaho

15.
Filed .....191.....
C S McConnel
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 1st (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from .....191..., to .....191...,
that I last saw h.....alive on.....191...,
and that death occurred on the date stated above, at.....M.

The CAUSE OF DEATH* was as follows:
Apoplexy

.....(Duration).....yrs.....mos.....ds.

Contributory (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) Geo Calvert M. D.

19.... (Address).....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	Dec 3 1912

20. UNDERTAKER	ADDRESS
Schreiber & Eidemuhlen	Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Miss La Salle

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1704

File No. 3756

County of Ada

City of Boise (No. 1415, E. Bannock St.)

Registered No. 111

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma La Salle Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	married

6. DATE OF BIRTH

December (Month) 14th (Day) 1881 (Year)

7. AGE

30 yrs. 11 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Montana

10. NAME OF FATHER Oide La Salle

11. BIRTHPLACE OF FATHER (State or Country) Canada

12. MAIDEN NAME OF MOTHER Victoria Hebert

13. BIRTHPLACE OF MOTHER (State or Country) Canada

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Smith

(Address) Boise Ida

15.

Filed ..... 191... C S McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec (Month) 10th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1912 to Dec 10 1912, that I last saw h[illegible] alive on Dec 10 1912 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

Contributory (Secondary) Pregnancy and confinement

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. J. Hallinan M. D.

Dec 10 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 1415 E. Bannock St

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL

Morris Hill Cemetery 12/12 1912

20. UNDERTAKER | ADDRESS

Schreiber & Sidenfaden Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1004
File No. 3751
Registered No. 116

1. PLACE OF DEATH.
County of Ada
City of Boise
(No. 1512 N. 15th St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lemont Mitchell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Dec (Month) 1st (Day) 1889 (Year)

7. AGE
23 yrs. 11 mos. 3 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Kansas

10. NAME OF FATHER C. E. Mitchell

11. BIRTHPLACE OF FATHER (State or Country) Penn

12. MAIDEN NAME OF MOTHER Lizzie Bryan

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C E Mitchell
(Address) Boise, Idaho

15.
Filed ..... 191.... C. M. McCann
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1912, to Dec 2 1912, that I last saw h[illegible] alive on Dec 2 1912, and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
(Duration) 2 yrs. — mos. — ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) R L Glass M. D.
19.... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Nampa, Idaho — DATE OF BURIAL: 12/4 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 3758

County of Ada

City of Boise (No. 410 State St.)

Registered No. 172

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Nellie L. Dickson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Married

6. DATE OF BIRTH

February 28th 1887
(Month) (Day) (Year)

7. AGE

25 yrs. 9 mos. 20 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION

(a) Trade, profession or particular kind of work Hair Keeper

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Canada

10. NAME OF FATHER John Fitzgibbon

11. BIRTHPLACE OF FATHER (State or Country) Iowa

12. MAIDEN NAME OF MOTHER Ellen Sheehan

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. S. Meek

(Address) Boise Idaho

15.

Filed ..... 191 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec 17th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 1912, to Dec 17th 1912, that I last saw her alive on Dec 17th 1912, and that death occurred on the date stated above, at 4 45 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Stomach or bowel (small intestine) The fatal hemorrhage - occurred to last (Duration) four or five hours yrs. mos. ds.

Contributory (Secondary) pulmonary tuberculosis - pregnancy - and Labor delivered by section 32 hours before death (Duration) yrs. mos. ds.

(Signed) J. M. Taylor M. D.

Dec 17th 1912 (Address) Boise. Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. 2 days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 626 N. 10th Boise

19. PLACE OF BURIAL OR REMOVAL: Midland Mich. DATE OF BURIAL: ..... 191...

20. UNDERTAKER: Schreiber & Siedenfaden ADDRESS: Boise Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 3759

County of Ada

City of Boise (No. 112 E Bannock St.)

Registered No. 115

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Chas Newton Reed

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb (Month) 10 (Day) 1907 (Year)

7. AGE: 5 yrs. — mos. 24 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho Falls. Idaho

10. NAME OF FATHER: Robt N Reed

11. BIRTHPLACE OF FATHER (State or Country): Mo

12. MAIDEN NAME OF MOTHER: Lydia Wheeler

13. BIRTHPLACE OF MOTHER (State or Country): Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R N Reed
(Address) Boise Idaho

15.
Filed ..... 191 ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 4th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1912, to Dec 4 1912, that I last saw h— alive on Dec 4 1912 and that death occurred on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) C O Sylvester, M. D.

12-5 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. 2 mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence 1719 N 11th St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 12/6 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3760

Registered No. 118

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

County of Ada

City of Boise (No. 617, Seattle 16½ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jessie Hannah Neal

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov. (Month) 11 (Day) 1912 (Year)

7. AGE: ....yrs. ....mos. 21 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise

10. NAME OF FATHER: Peter Neal

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Hannah Allen

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Peter Neal
(Address) Boise

15.
Filed ....191....
C S McConnell
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1912, to Dec 3 1912, that I last saw her alive on Dec 1 1912, and that death occurred on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:
Accidental suffocation

.....(Duration)....yrs....mos....ds.

Contributory (Secondary)

.....(Duration)....yrs....mos....ds.

(Signed) M Hallman M. D.

12-3 1912 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: Dec 3 1912

20. UNDERTAKER: Schreiber & Heidenfelder | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2

Primary Registration District No. 1004

File No. 3761

Registered No.

1. PLACE OF DEATH.

County of Ada

City of Boise (No. 110, East Bannock St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME All Hoskins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	single

6. DATE OF BIRTH

Not obtainable 1
(Month) (Day) (Year)

7. AGE About 65 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) American

10. NAME OF FATHER Not obtainable

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Teeli

(Address) Boise

15.

Filed ..... 191 ... C S McConnell

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec. 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th 1912 to Dec 22 1912 that I last saw him alive on ..... 191 ..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Dilatation of [redacted]

(Duration) ..... yrs. [redacted]

Contributory (Secondary) Arterio Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Springer M. D.

12/30 1912 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Morris Hill Cemetery	Dec. 30 1912

20. UNDERTAKER [redacted] Residence ADDRESS Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 3702

County of Ada.

City of Boise. (No. 905, Franklin St.)

Registered No. 108

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME William Everett Child

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6. DATE OF BIRTH: December 29 (Month) 1845. (Day) (Year)

7. AGE: 66 yrs. 11 mos. 18 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired hotel proprietor.
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): TerreHaute, Indiana.

10. NAME OF FATHER: Adrian Child

11. BIRTHPLACE OF FATHER (State or Country): Massachusetts.

12. MAIDEN NAME OF MOTHER: Jeannette J. Everett,

13. BIRTHPLACE OF MOTHER (State or Country): Maine.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward E. Everett
(Address) Boise, Idaho.

15. Filed 12-17 1912 C S McCann Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 17th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Calvert M. D.

19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence 905 Franklin St. Boise.

19. PLACE OF BURIAL OR REMOVAL: Masonic Cemetery | DATE OF BURIAL: 12/18 1912

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise, Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 2
Primary Registration District No. 1504
File No. 3763
Registered No. 147

1. PLACE OF DEATH.
County of Ada
City of Boise (No. 410, State St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Miss Lizzie Moran
If death occured in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept 10 (Month) (Day) 1868 (Year)

7. AGE: 44 yrs. 3 mos. 1 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: Not obtainable

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alfred Shearman
(Address) St Joseph Mo.

15.
Filed ..... 191...
C S McConnel
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1912, to Dec 11 1912, that I last saw h[illegible] alive on Dec 11 1912, and that death occurred on the date stated above, at ..... A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to
Ruptured blood vessel
three weeks after operation

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) Septicemia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M D

12/14 1912 (Address) [illegible]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. 23 days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 518 Forest St

19. PLACE OF BURIAL OR REMOVAL: Morris Hill
DATE OF BURIAL: 12/15 191...

20. UNDERTAKER: Schroer & Sidenfaden
ADDRESS: Boise

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1004

File No. 3702

County of Ada

City of Boise

(No. 1006 E State St.)

Registered No. 124

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma Day

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 18th (Day) 1912 (Year)

7. AGE: — yrs. — mos. 5 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Boise. Idaho.

10. NAME OF FATHER: A. B. Day

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: ~~Louisa~~ Emma Jones

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A B Day
(Address) Boise, Idaho

15. Filed ..... 191.... C. M. Conner Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 23rd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1912, to Dec 23 1912, that I last saw her alive on Dec 23 1912, and that death occurred on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Respiratory Failure

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James L Stewart M. D.

12/24 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Idaho City. Idaho. DATE OF BURIAL: 12/25 1912

20. UNDERTAKER: Schreiber & Siedenfaden ADDRESS: Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Stewart

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

Primary Registration District No. 1704

File No. 3765

County of Ada

City of Boise (No. 410, State St.)

Registered No. 1085

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Florencio Egurrola

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Nov. (Month) 7 (Day) 1874 (Year)

7. AGE

38 yrs. 1 mos. 7 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Ranch Hand

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Spain

10. NAME OF FATHER Antonio Egurrola

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Josefa Egurrola

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ramon Iturre

(Address) Boise

15.

Filed ..... 191 .....

C. S. McCown
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1912 to Dec 15 1912 that I last saw him alive on Dec 15 1912 and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Double)

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. D. McCalla M. D.

12/16 1912 (Address) Boise Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: St Johns Cemetery | DATE OF BURIAL: Dec 17 1912

20. UNDERTAKER: Schreiber & Siebenlist | ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 19

Primary Registration District No. 1002

File No. 3767

Registered No. 1

County of Bannock

City of Pocatello (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME K. Ishii

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Jap	Single

6. DATE OF BIRTH

December 31 1912
(Month) (Day) (Year)

7. AGE

54 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... Laborer

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Japan

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed Jan 1, 1913 O J Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

12 31 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h..... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

R. R. accident
(Run over)

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O J Neely M. D.

12/31, 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pocatello Ida

DATE OF BURIAL: Jan 5 1913

20. UNDERTAKER: P. C. Sivey

ADDRESS: Pocatello Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19760

Howard.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. ..... St.)

File No. 1913
Registered No. 6
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Unnamed Rich

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
Dec. (Month) 1 (Day) ..... (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Pocatello Ida

10. NAME OF FATHER E. L. Rich

11. BIRTHPLACE OF FATHER (State or Country) Ore.

12. MAIDEN NAME OF MOTHER Mildred Carlton

13. BIRTHPLACE OF MOTHER (State or Country) Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Rich
(Address) 343 S. 2nd

15. Filed Jan 11 1913 J B Steely Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
December (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1912, to Dec. 25 1912, that I last saw him alive on Dec. 25 1912, and that death occurred on the date stated above, at 4 p.M.

The CAUSE OF DEATH* was as follows:
Premature birth
(6½ month, lived 12 hrs.)

..... (Duration) — yrs. — mos. ½ ds.

Contributory (Secondary) .....
..... (Duration) — yrs. — mos. — ds.

(Signed) W. T. Howard M. D.
(12-25 1912) (Address) Pocatello Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191...

20. UNDERTAKER W. M. Walker ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bannock
City of Pocatello
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 19
Primary Registration District No. 1002
(No. ....., ... St.)

File No. 3443
Registered No. 1
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Inez Ray Allie La Flame

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Female	White	Married

6. DATE OF BIRTH
✓ (Month) ✓ (Day) 1886 (Year)

7. AGE
26 yrs. ✓ mos. ✓ ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Whatcom Oregon

10. NAME OF FATHER ✓

11. BIRTHPLACE OF FATHER (State or Country) ✓

12. MAIDEN NAME OF MOTHER Allie Bond

13. BIRTHPLACE OF MOTHER (State or Country) ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) I. R. La Flame
(Address) 905 S. Garfield

15. Filed Jan 11 1913 S B Sterly Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. (Month) 25 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1912, to Dec 25th 1912, that I last saw h[illegible] alive on Dec 25 1912, and that death occurred on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N Smith Deaney M. D.
Dec 27 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt View | DATE OF BURIAL Dec 29 1912

20. UNDERTAKER Walker | ADDRESS Pocatello

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 19

Primary Registration District No. 1052

File No. 3775

Registered No. 9

County of Bannock

City of Pocatello (No. ..., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas M Forrest

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED.
Male	White	Married

6. DATE OF BIRTH July 22 1872
Dec. (Month) 23 (Day) ~~1872~~ (Year)

7. AGE 40 yrs. 5 mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Rancher
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Utah

10. NAME OF FATHER Thomas Forrest

11. BIRTHPLACE OF FATHER (State or Country) Scotland

12. MAIDEN NAME OF MOTHER Jennie Cochran

13. BIRTHPLACE OF MOTHER (State or Country) Scotland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert C Forrest
(Address) Pocatello Idaho

15. Filed Jan 25 1913 V B Sterly Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec. 22nd 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1912, to Dec. 22 1912, that I last saw h[illegible] alive on Dec. 22 1912, and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows: —
Sarcomma. Stomach Liver and Intestines

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W Smith Wellington M. D.
Dec 23 1912 (Address) Pocatello Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State 3 yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Mt. Lawn | DATE OF BURIAL Jan 3 1913

20. UNDERTAKER W. V. Walker ADDRESS Pocatello Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

611 N. Hayes

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Kootenai Primary Registration District No. 1003
City of C d A (No. ....., ... St.)
File No. 3777
Registered No. 199

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Maud Enid

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1822 (Year)

7. AGE: 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich

10. NAME OF FATHER: Geo Churchill

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

[redacted]LACE
[redacted]HER
[redacted]ntry) —

[redacted]YE IS TRUE TO THE BEST OF MY KNOWLEDGE

[redacted] Husband

(Address) 1513 N 5th

15. Filed 1/10 1913 D D Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1912, to Dec. 29 1912 that I last saw h[illegible] alive on June 15 1912 and that death occurred on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.

..... (Duration) 7 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John L Wood M. D.
Dec. 30 1912 (Address) Coeur d'Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Thomas
DATE OF BURIAL: Dec 31 1912

20. UNDERTAKER: S J Swen
ADDRESS: C d A

BYRNS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3773
Registered No. 198

1. PLACE OF DEATH.
County of Kootenai
City of Coeur D'Alene

Registration District No. 12
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Wesley Sale

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feb. (Month) 14 (Day) 1847 (Year)

7. AGE: 65 yrs. 10 mos. 16 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: R. Sale

11. BIRTHPLACE OF FATHER (State or Country): ✓

12. MAIDEN NAME OF MOTHER: Judell

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Emma Sale
(Address) Coeur D'Alene

15. Filed 1/10 1913 S D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH John W Sale 12 (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1905, to 1912.
that I last saw him alive on Nov 27 4 1912
and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
Cold and Tuberculosis

(Duration) 14 yrs. ___ mos. ___ ds.
Contributory Cold.
(Secondary)
(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) A Hunter M. D.
12/30 1912 (Address) Coeur d'Alene.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem.
DATE OF BURIAL: Jan. 1 1913

20. UNDERTAKER: Cassedy & Nelson
ADDRESS: Coeur D'Alene

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3211
Registered No. 197

1. PLACE OF DEATH.
County of Kootenai
City of C. d. A.

Registration District No. 17
Primary Registration District No. 1003
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Hewitt

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1827 (Year)

7. AGE: 85 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: John

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Agnes Ferguson

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs A Hewitt
(Address) C d A

15. Filed 1/10 1913 D. D. Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December 26th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/16 1912, to 12/26 1912 that I last saw him alive on Dec 26th 1912 and that death occurred on the date stated above, at 7a M.

The CAUSE OF DEATH* was as follows:
Old age. and a fracture
of neck of femur.

..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) fracture.
..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. H. Lewis M. D.
12/27 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem — DATE OF BURIAL: 12/27 1912

20. UNDERTAKER: S. J. Swem — ADDRESS: C d A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 1063
File No. 3750
Registered No. 196

1. PLACE OF DEATH.
County of Kootenai
City of Coeur d'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Robert Cullins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1848 (Year)

7. AGE
64 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tenn

10. NAME OF FATHER: John Cullins

11. BIRTHPLACE OF FATHER (State or Country): Tenn

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J C Dyer
(Address) C.D.A.

15. Filed 1/10 1913 S.D. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1912, to Dec 20 1912
that I last saw him alive on Dec. 20 1912
and that death occurred on the date stated above, at 10.30 P.M.
The CAUSE OF DEATH* was as follows:

Septic Peritonitis

..... (Duration) — yrs. ..... mos. 2 ds.
Contributory (Secondary) Perforated Gastric Ulcer
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J C Dyer M. D.
Dec 21 1912 (Address) Coeur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem — DATE OF BURIAL: Dec 22 1912

20. UNDERTAKER: S J Lewis — ADDRESS: C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 17
County of Kootenai Primary Registration District No. 1003
City of C d A (No. ____, ____ St.)
File No. 3781
Registered No. 195

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant son of S E Mundin

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	White	Single

6. DATE OF BIRTH: Nov 20 (Month) (Day) 1912 (Year)

7. AGE: ____ yrs. 1 mos. ____ ds. IF LESS than 1 day how many ____ hrs. or ____ min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Coeur d Alene

10. NAME OF FATHER: S E Mundin

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S E Mundin
(Address) Coeur d Alene

15. Filed 1/10 1913 D A Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1912, to Dec. 19 1912 that I last saw h[im] alive on Dec 14 1912 and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ____ yrs. ____ mos. 31 ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) John G Wood M. D.

Dec. 20 1912 (Address) Coeur d Alene Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem	Dec 20 1912

20. UNDERTAKER	ADDRESS
S J Lewis	C d A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 1003
City of Coeur D Alene (No. ....., ... St.)
File No. .....
Registered No. 182

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Cornelia Murphy

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widow

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1853 (Year)

7. AGE: 59 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich

10. NAME OF FATHER: S J Church

11. BIRTHPLACE OF FATHER (State or Country): N.Y.

12. MAIDEN NAME OF MOTHER: Edsie Priest

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Son
(Address) North Fourth St

15. Filed 1/10 1913 D. D. Freeman
J. H. Shepherd
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December 1st (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 1910, to Dec 1st 1912
that I last saw her alive on Oct 22 1912
and that death occurred on the date stated above, at — M.
The CAUSE OF DEATH* was as follows:
Mrs Murphy had some heart disease, indigestion & died in her bed sometime during sleeping hours.
..... (Duration) — yrs. — mos. — ds.
Contributory (Secondary) none.
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) A Hunter M. D.
12/3 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem — DATE OF BURIAL: Dec 4 1912

20. UNDERTAKER: S Jones — ADDRESS: C D A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

Registration District No. 12

Primary Registration District No. 1063

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 3783

Registered No. 183

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Kootenai

City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Daniel A'Humburt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov 13 1867 (Month) (Day) (Year)

7. AGE: 45 yrs. ..... mos. 20 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Switzerland

10. NAME OF FATHER: Humburt

11. BIRTHPLACE OF FATHER (State or Country): Switzerland

12. MAIDEN NAME OF MOTHER: Mary Bertha

13. BIRTHPLACE OF MOTHER (State or Country): Switzerland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ducommun

(Address) St Marys Idaho

15. Filed 1/10 1913 D D Dreyfuse Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 3rd 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1912, to Dec 3 1912, that I last saw him alive on Dec 3rd 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

General Tuberculosis from Tubercular Spine

(Duration) 15 yrs. — mos. — ds.

Contributory (Secondary) —

(Duration) — yrs. ..... mos. ..... ds.

(Signed) Jno Bradley M. D.

1/4 1913 (Address) Coeur D'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Forest Cem C. D'A. | DATE OF BURIAL: Dec 5 1912

20. UNDERTAKER: Cassedy & Nelson | ADDRESS: Coeur D'Alene

SYMS - YORK CO. PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3781
Registered No. 184

1. PLACE OF DEATH. Registration District No. ~~2118~~ 12
County of Kootenai Primary Registration District No. 2118
City of Dramet Mission (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Magdalen

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	Indian	Widow

6. DATE OF BIRTH: About (Month) (Day) 1823 (Year)

7. AGE: 93 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Spokane Reservation

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (State or Country): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (State or Country): Not Known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father Caravana
(Address) Dramet Ida.

15. Filed Jan. 10-13 / Mar. 9 1912
D. D. Dreyguary
Wm. D. Langley
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
No Physician attended this case
Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dramet Cemetery	12/7 1912

20. UNDERTAKER: None — ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of C W A

Registration District No. 12
Primary Registration District No. 1653
(No. ....., ... St.)

File No. 3785
Registered No. 185

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hans Ostrom

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
male	W	married

6. DATE OF BIRTH
..... (Month) ..... (Day) 1871 (Year)

7. AGE
41 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: merchant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Birge Ostrom

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife
(Address) 521 Wallace St

15.
Filed 1/10 1913 J. S. Freeman
J. L. Shephard
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 6th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5th 1912, to Nov 6 1912
that I last saw him alive on Nov 5 1912
and that death occurred on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:
Concussion of Brain
Internal injuries

..... (Duration) ..... yrs. ..... mos. 1 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno Bentley M. D.
Dec 6th 1912 (Address) Coeur d'Alene Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Forest Cem	Dec 8 1912

20. UNDERTAKER	ADDRESS
S. J. Lucas	C W A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 12

Primary Registration District No. 1603

File No. 3787

Registered No. 187

County of Kootenai

City of Coeur D'Alene (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Alexander McGartley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June (Month) 22 (Day) 1827 (Year)

7. AGE: 84 yrs. 5 mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ireland

10. NAME OF FATHER: Henry Gartley

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Mary Chennett

13. BIRTHPLACE OF MOTHER (State or Country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas Gartley
(Address) Rockford Ill

15.
Filed 1/10 1917
H. L. Sherman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec (Month) 11 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 8 1917, to Dec 11 1917, that I last saw h.. alive on Dec 11 1917, and that death occurred on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Finney M. D.

Dec 15 1917 (Address) Harrison Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Forest Cem

DATE OF BURIAL: Dec 14 1917

20. UNDERTAKER: Cassidy & Nelson

ADDRESS: Coeur D Alene

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH 17

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 2118
County of Kootenai Primary Registration District No. 2118
City of Dramet-Inman (No. ....., ... St.)

File No. 3789
Registered No. 189

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anastase Francis

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Indian	Single

6. DATE OF BIRTH — (Month) — (Day) 1897 (Year)

7. AGE 19 yrs. — mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Reservation

10. NAME OF FATHER Pat Francis

11. BIRTHPLACE OF FATHER (State or Country) Old Mission

12. MAIDEN NAME OF MOTHER Adile

13. BIRTHPLACE OF MOTHER (State or Country) Old Mission

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father Saraceno
(Address) Dramet, Ida.

15. Filed Jan. 1/17 Dec. 16 1917 L D Greenyas Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Dec (Month) 17 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1917, to Dec 17 1917
that I last saw h~~im~~ alive on Dec 17 1917
and that death occurred on the date stated above, at 8 M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

Contributory (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Leacard M. D.
Dec 18 1917 (Address) Dramet, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Dec Neck — DATE OF BURIAL Dec 19 1917

20. UNDERTAKER None — ADDRESS Dec Neck.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3790
Registered No. 190

1. PLACE OF DEATH.
County of Kootenai
City of Rose Lake

Registration District No. IV
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Robert G Worthington

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: January (Month) 14 (Day) 1865 (Year)

7. AGE: 87 yrs. 10 mos. 27 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Brick Mason & mason-work foreman from entire life
(b) General nature of industry business or establishment in which employed (or employer): became infected from age, had to give it up.

9. BIRTHPLACE (State or Country): Kentucky

10. NAME OF FATHER: Edward Worthington

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Elizabeth Grayland

13. BIRTHPLACE OF MOTHER (State or Country): Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. G. Worthington M D
(Address) Rose Lake Ida

15. Filed 1/10 1913 A D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 14th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Dec 14 1912 that I last saw him alive on Dec 14 1912 and that death occurred on the date stated above, at about 1 P M.

The CAUSE OF DEATH* was as follows:
Gen. Debility resulting from old age - there was no specific disease. There has been a progressive failing (Duration) 3 yrs. — mos. — ds.
Contributory (Secondary) Nothing
..... (Duration) — yrs. ..... mos. ..... ds.

(Signed) R. G. Worthington M. D.
Dec 20 1912 (Address) Rose Lake Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the Immediate Neighborhood of Rose Lake
State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence ✓

19. PLACE OF BURIAL OR REMOVAL: Moscow Ida
DATE OF BURIAL: 12/16 1912

20. UNDERTAKER: OVV
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3791
Registered No. 191

1. PLACE OF DEATH
County of Kootenai
City of Post Lake
Registration District No. 1st
Primary Registration District No. 2057
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mary Dr March.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May (Month) 6 (Day) 1851 (Year)

7. AGE: 61 yrs. 7 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Boarding house
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Racine Wis

10. NAME OF FATHER: Mr Mullen

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Dr March
(Address) Spirit Lake Ida.

15.
Filed 1/10 1913
S D Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1912, to Dec 15 1912
that I last saw h[illegible] alive on Dec 15 1912
and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Senile debility
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Geo A Smith M. D.
..... 19..... (Address) Spirit Lake Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Spokane Wn
DATE OF BURIAL: 1/18 1913

20. UNDERTAKER: J. Klyft
ADDRESS: Cathedral

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3792
Registered No. 192

1. PLACE OF DEATH. Registration District No. 2118
County of Kootenai Primary Registration District No. 2118
City of Desmet Township (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Mary Thomas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Indian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6. DATE OF BIRTH: — (Month) — (Day) 1827 (Year)

7. AGE: 80 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Reservation

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Father Caravano
(Address) Desmet, Idaho

15. Filed Jan 10/1913 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912, to Dec 18 1912 that I last saw her alive on Dec 18 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

Contributory (Secondary) Tuberculosis

..... (Duration) 7 yrs. ..... mos. ..... ds.

(Signed) J. R. Callard M. D.

Dec 20 1912 (Address) Desmet, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Desmet Cem. DATE OF BURIAL: 12/19 1912

20. UNDERTAKER: Norman ADDRESS

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3703
Registered No. 193

1. PLACE OF DEATH. Registration District No.
County of Kootenai Primary Registration District No. 2081
City of Post Falls R.F.D.# (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jessie Foster

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: (Month) (Day) 1903 (Year)

7. AGE: 9 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wash

10. NAME OF FATHER: Clarence Foster

11. BIRTHPLACE OF FATHER (State or Country): Ore

12. MAIDEN NAME OF MOTHER: Brinton

13. BIRTHPLACE OF MOTHER (State or Country): Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Foster
(Address) Post Falls R.F.D.#1

15. Filed Jan 10 1913 — S. S. Brennan, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1912, to 12/25 1912 that I last saw h in alive on 12/24 1912 and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Laumatic Pneumonia

(Duration) yrs. mos. 6 ds.
Contributory (Secondary) Injury from Caostiky
(Duration) yrs. mos. ds.

(Signed) S. S. Brennan M. D.
12/25 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Post Falls Cemetery
DATE OF BURIAL: Dec 26 1912

20. UNDERTAKER: None
ADDRESS:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYES-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M. 7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 14
Primary Registration District No. 2051
File No. 3737
Registered No. 144

1. PLACE OF DEATH.
County of Kootenai
City of Spirit Lake (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Martin Olson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1870 (Year)

7. AGE: 42 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Norway

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nanyon Moon
(Address) Spirit Lake

15.
Filed 1/10 1913 D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1912 to Dec 29 1912 that I last saw him alive on Dec 29 1912 and that death occurred on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) ..... yrs. ..... mos. 15 ds.
Contributory (Secondary) Mitral Regurgitation
..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Harriman Moon M. D.
12-30-1912 (Address) Spirit Lake

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 15 ds. In the State 5 yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Blanchard, Ida
Former or usual residence Blanchard Ida

19. PLACE OF BURIAL OR REMOVAL: Blanchard
DATE OF BURIAL: 12/30 1912

20. UNDERTAKER: Kloff
ADDRESS: Rathdrum

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 33

Primary Registration District No. 2162

File No. 3709

County of Bingham

City of Shelley. (No. ____, ____ St.)

Registered No. ____

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Geo Washington Carson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Dec. (Month) 14 (Day) 1912. (Year)

7. AGE: 69 yrs. 7 mos. 10 ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Hancock Mo.

10. NAME OF FATHER: William H. Carson.

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Cyrillia Egbert.

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Agatha Carson.
(Address): Shelley Ida.

15.
Filed 12 - [illegible] - 1912 Edwin Cut[illegible]
Local R[illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 14. (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-26- 1912, to 12-7- 1912, that I last saw him alive on 12-7- 1912, and that death occurred on the date stated above, at 5 A M.

The CAUSE OF DEATH* was as follows:
Acute dilatation of heart.
a few hours
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory (Secondary) Pleurasy with effusion
(Duration) ____ yrs. ____ mos. 21 ds.

(Signed) Edwin Cutler M. D.
12-15-1912 (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley Idaho	Dec 15 1912

20. UNDERTAKER	ADDRESS
G H Hunt	Idaho Falls

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Shelley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 33
Primary Registration District No. 215-2
(No. ..., ... St.)

File No. 3796
Registered No. .....
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Stephens Smith Walker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
6 — 1 — 1852
(Month) (Day) (Year)

7. AGE
60 yrs. 6 mos. 24 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Cedar City, Utah.

10. NAME OF FATHER Jas Walker.

11. BIRTHPLACE OF FATHER (State or Country) England.

12. MAIDEN NAME OF MOTHER Betta Smith.

13. BIRTHPLACE OF MOTHER (State or Country) England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Delbert W Walker
(Address) Shelley Idaho

15.
Filed 12-25-191[illegible] Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
12 — 24 — 191[illegible]
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12-8-191[illegible], to 12-24-191[illegible] that I last saw h[illegible] alive on 12-24-191[illegible] and that death occurred on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Heart failure
a few hours.
(Duration) ... yrs. ... mos. ... ds.
Contributory Pneumonia,
(Secondary)
(Duration) ... yrs. ... mos. 16 ds.
(Signed) Edwin Cutler M. D.
12-21-191[illegible] (Address) Shelley, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ammon Idaho. DATE OF BURIAL: 12-29-191[illegible]

20. UNDERTAKER: G H Hunt ADDRESS: Idaho Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

[redacted]

Form V. S. No. 5 20M.1-16-12

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bingham

Registration District No.

Primary Registration District No. 3152

File No. 3797

City of

(No. Thelma Nelson St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Feb (Month) 29 (Day) 1912 (Year)

7. AGE: ..... yrs. 8 mos. 10 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Shelley Idaho

10. NAME OF FATHER: A. M. Nelson

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Olufina Olsen

13. BIRTHPLACE OF MOTHER (State or Country): Norway

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant):

(Address): A. M. Nelson Shelley

15.

Filed Dec 1- 1912 Edwin Cutler

Local Re[redacted]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1912, to Nov. 1" 1912 that I last saw h[redacted] alive on Nov. 11" 1912 and that death occurred on the date stated above, at 8:35 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition
Born Premature

(Duration) ..... yrs. 5 mos. 1 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. E. Pyburn M. D.

11-12 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shelley — DATE OF BURIAL: 11-12 1913

20. UNDERTAKER — ADDRESS

[redacted] Undertaker

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bingham — Registration District No. 93

City of Shelley — Primary Registration District No. 2152

(No. ....., ... St.)

File No. 3795

Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Edna Belle Cochran

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH: May 24 1891 (Month) (Day) (Year)

7. AGE: 21 yrs. ..... mos. 5 ds. 18

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife.
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mitchell Co Kans.

10. NAME OF FATHER: David W. McMillan

11. BIRTHPLACE OF FATHER (State or Country): Penna.

12. MAIDEN NAME OF MOTHER: Josie Troutman

13. BIRTHPLACE OF MOTHER (State or Country): Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): H. E. McMillan
(Address): Shelley Idaho

15.
Filed ..... 191 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16th 1912, to Nov. 11th 1912, that I last saw her alive on Nov. 11th 1912, and that death occurred on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:

Pentonitis.

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) ✓

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Peterson M. D.

Nov. 11 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley Idaho	Nov. 12 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 33
Primary Registration District No. 215-2
File No. 3797
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley (No. , St.)
If death occurs away from usual residence, give facts called for under special information.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Myron Hodkie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	White	Single

6. DATE OF BIRTH: 4 (Month) – 24 (Day) 1910 (Year)

7. AGE: 2 yrs. 6 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child at home
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Goshen Idaho

10. NAME OF FATHER: Print L. Sessions

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Minnie A. Hess

13. BIRTHPLACE OF MOTHER (State or Country): Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Print Sessions
(Address) Goshen Idaho

15. Filed 11-14-1912 Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 11 (Month) – 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-12-1912, to 11-13-1912, that I last saw him alive on 11-13-1912, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Traumatic Peritonitis

(Duration) yrs. mos. ds.
Contributory (Secondary) Accidental rupture Intestine
(Duration) yrs. mos. 2 ds.
(Signed) Edwin Cutler M. D.
11-14 1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Goshen — DATE OF BURIAL: 11-15-1912

20. UNDERTAKER: None — ADDRESS:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYMS - YORK CO., PTRS. & BDRS, 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3804
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 33
Primary Registration District No. 215-2
(No. ....., ... St.)

2. FULL NAME Dora Dial

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: June (Month) 16 (Day) 1912 (Year)

7. AGE: yrs. 3 mos. 28 ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Bingham Co. Idaho

10. NAME OF FATHER: Samuel Dial

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: May Stoddard

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed 1-31-1913 E. Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 13 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-16 1912 to 10-13 1912 that I last saw h.. alive on 10-13-1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Marasmus.

(Duration) ..... yrs. 2 mos. ..... ds.

Contributory (Secondary) Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Cutler M. D.

19..... (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Shelley Idaho — DATE OF BURIAL: Oct 15 1912

20. UNDERTAKER: G. H. Hunt — ADDRESS: Idaho Falls

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 83
Primary Registration District No. 215-2
File No. 3801
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ruth Caroline Holst
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W.	Infant.

6. DATE OF BIRTH
10 (Month) - 7 (Day) 1912 (Year)

7. AGE
yrs. mos. 25 ds.
IF LESS than 1 day how many hrs. or mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Shelley Idaho.

10. NAME OF FATHER J. H. Holst.

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Emma C Christenson

13. BIRTHPLACE OF MOTHER (State or Country) Moroni Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Holst.
(Address) Shelley Idah

15.
Filed 10 - 23 - 1912 Ed. Cutler M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
10 (Month) - 22 (Day) - 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 , to 191 ,
that I last saw h alive on 191 ,
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows: Attended Physician

(Duration) yrs. mos. 1 ds.
Contributory
(Secondary)
(Duration) yrs. mos. ds.
(Signed) M. D.
19 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days. In the State yrs. mos. days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley Cemetery	10 - 23 - 1912
20. UNDERTAKER None Employed	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 33

Primary Registration District No.

File No. 3902

County of Bingham

City of Shelley (No. , St.)

Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Ruby Kjersten Holst

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W	Infant

6. DATE OF BIRTH: Oct. 7th (Month) (Day) 1912 (Year)

7. AGE: — yrs. — mos. 12 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Infant
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Shelley Bingham Co. Ida

10. NAME OF FATHER J. H. Holst.

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Emma J Christenson

13. BIRTHPLACE OF MOTHER (State or Country) Utah.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Holst
(Address) Shelley Idaho

15. Filed 10-23 1912 Edwin Cattell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. 19 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 , to ..... 191 , that I last saw h alive on ..... 191 , and that death occurred on the date stated above, at ..... M. The CAUSE OF DEATH* was as follows:

Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 19 .... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley Ida.	10-20-1912
20. UNDERTAKER: None employed	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 33
Primary Registration District No. 2152
File No. 3803
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley
(No. , St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Francis Eugene Drial

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: 9 (Month) – 7 (Day) – 1912 (Year)

7. AGE: yrs. 1 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Preston Idaho

10. NAME OF FATHER: Chas L Drial

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Emma Christensen

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chas L Drial
(Address): Shelley R 2 # 2

15.
Filed 10 – 10 – 1912 E Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 10 (Month) – 9 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 – 2 1912, to 10 – 9 – 1912; that I last saw h[illegible] alive on 10 – 9 1912, and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Indigestion

(Duration) yrs. mos. 7 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin Cutler M. D.

19 (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shelley	10 – 10 1912

20. UNDERTAKER	ADDRESS
None	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GYMS - YORK CO., PTRS. & SDRS. 19760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH. Registration District No. 36 — Bureau of Vital Statistics

County of Bingham — Primary Registration District No. 2152 — File No. 3504

City of Basalt — (No. ....., ... St.) — Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Josiah Tufts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: July (Month) 30 (Day) 1838 (Year)

7. AGE: 74 yrs. 1 mos. 24 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Farming
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Maine, U.S.

10. NAME OF FATHER: Elbridge Tufts

11. BIRTHPLACE OF FATHER (State or Country): Maine, U.S.

12. MAIDEN NAME OF MOTHER: Elmira Pinkham

13. BIRTHPLACE OF MOTHER (State or Country): U.S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Luther Tufts
(Address) Basalt

15. Edwin Cutler M.D.
Filed ..... 191... ..... Idaho
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...
that I last saw h... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Dry Gentery

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was Disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Montpelier, Ida — DATE OF BURIAL: 9-30 1912

20. UNDERTAKER: C. E. Dinwoodey — ADDRESS: Ida. Falls

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEA[redacted]TH

Registration District No. 3

Primary Registration District No. 2152

File No. 3805

Registered No.

1. PLACE OF DEATH.

County of Bingham

City of Shelley (No. , St.)

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Gladys Lavon Fielding

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
F	W.	[illegible]

6. DATE OF BIRTH April 12 - 1911
Sept - 3 - 1912
(Month) (Day) (Year)

7. AGE 1 yrs. 4 mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work At home
(b) General nature of industry business, or datablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Kamsville Utah.

10. NAME OF FATHER Jas. H. Fielding.

11. BIRTHPLACE OF FATHER (State or Country) Salt Lake City Utah.

12. MAIDEN NAME OF MOTHER Eliza Mayberry.

13. BIRTHPLACE OF MOTHER (State or Country) Idaho.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jas. Fielding
(Address) Shelley R.D. #1.

15.
Filed 9 - 3 - 1912 Edwin Cutler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept - 3 - 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8 - 22 - 1912, to 9 - 3 - 1912, that I last saw her alive on 9 - 3 - 1912, and that death occurred on the date stated above, at 8 A M.

The CAUSE OF DEATH* was as follows:
(Indigestion)
Gastro Enteritis

(Duration) yrs. mos. 17 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edwin Cutler M. D.
9-3-1912 (Address) Shelley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Taylor — DATE OF BURIAL: 9 - 4 - 1912

20. UNDERTAKER — ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3806
Registered No.

1. PLACE OF DEATH.
County of Bingham
City of Shelley
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 33
Primary Registration District No. 2153

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Thomas Williams

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Married

6. DATE OF BIRTH
..... (Month) 1 (Day) ..... (Year)

7. AGE
34 yrs. 8 mos. 18 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unable to ascertain. Necessary information

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15.
Filed ..... 191....
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
7 (Month) 20 (Day) 191 2 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-1- 191 2, to 7-20 191 2
that I last saw h... alive on 7-20 191 2
and that death occurred on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
.....
.....
..... (Duration) Indefinite yrs. ..... mos. ..... ds.
Contributory (Secondary) Hard labor + Exposure all his life.
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Edwin Cutler M. D.
19.... (Address) Shelley

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?.....
Former or usual residence.....

19. PLACE OF ~~BURIAL OR~~ REMOVAL	DATE OF BURIAL
Salt Lake City	191....

20. UNDERTAKER	ADDRESS
C. E. Dunwoody	Idaho Falls.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.**

Registration District No. 8

Primary Registration District No. 2033

File No. 3809

County of Bonner

City of Sandpoint (No. ....., ... St.)

Registered No. 161

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** William Hall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Widowed

6. **DATE OF BIRTH**

..... (Month) ..... (Day) 1829 (Year)

7. **AGE** 83 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. **OCCUPATION**

(a) Trade, profession or particular kind of work: Retired farmer

(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. **BIRTHPLACE** (State or Country) England

10. **NAME OF FATHER** Deceased

11. **BIRTHPLACE OF FATHER** (State or Country) England

12. **MAIDEN NAME OF MOTHER** Deceased

13. **BIRTHPLACE OF MOTHER** (State or Country) England

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) James Gardner

(Address) Sandpoint, Idaho.

15.

Filed Dec. 24, 1912 M. Mckinnon Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH**

December, (Month) 25 (Day) 1912 (Year)

17. **I HEREBY CERTIFY**, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Neuralgia of Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. M. Knapp. Coroner M. D.

dec23 1912 (Address) Hope, Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Yamhill, Oregon.	Dec. 24 1912

20. UNDERTAKER	ADDRESS
EM Brower,	Sandpoint, Idaho

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 8
County of Bonner Primary Registration District No. 2036 File No. 3815
City of Priest River (No. ....., ... St.) Registered No. 139

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Anna Anselmo

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6. DATE OF BIRTH
Jan. unknown 1863
(Month) (Day) (Year)

7. AGE
50 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Italy

10. NAME OF FATHER — Maccarattu

11. BIRTHPLACE OF FATHER (State or Country) Italy

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (State or Country) Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Anselmo
(Address) Priest River

15.
Filed Dec 30 1912 M McKinnon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Dec. 28 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25-th 1912, to Dec. 28 1912
that I last saw h-er alive on Dec. 28 1912,
and that death occurred on the date stated above, at 8. p. M.

The CAUSE OF DEATH* was as follows:
LB. broncho pneumonia

(Duration) — yrs. — mos. 8 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Busey M. D.
Jan 6 1913 (Address) Priest River

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds
In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death? .....
Former or usual residence? .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Priest River	Dec. 31 1912

20. UNDERTAKER	ADDRESS
None	—

[redacted]

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada.

City of Eagle

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1

Primary Registration District No. [redacted]

(No. ——, ——— St.)

File No. 3818

Registered No. 11

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mary Ophilia Ackley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed.

6. DATE OF BIRTH: Nov. (Month) 5 (Day) 1817 (Year)

7. AGE: 95 yrs. 0 mos. 27 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): New York.

10. NAME OF FATHER: A. H. Calkins

11. BIRTHPLACE OF FATHER (State or Country): Do not know.

12. MAIDEN NAME OF MOTHER: Maria T. Horton.

13. BIRTHPLACE OF MOTHER (State or Country): Conn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Bushnell.
(Address) Eagle, Idaho.

15.
Filed Feb 8th 1913 J. M. Taylor Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 191..., to Dec 1st 1912, that I last saw her alive on Dec 1 1912, and that death occurred on the date stated above, at 10 20 M.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation

(Duration) — yrs. 2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. R. Bloom M. D.

Dec 3 1912 (Address) Eagle

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: 12/4 1912

20. UNDERTAKER: Schreiber & Sidenfaden — ADDRESS: Boise, Idaho

Burial permit issued from Boise City Registrars Office

BYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

File No. 3819

City of S. Boise

(No. ....., ... St.)

Registered No. 12

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Hazel Kinsley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	Married

6. DATE OF BIRTH: Dec. 26 (Month) (Day) — 1887 (Year)

7. AGE: 24 yrs. 11 mos. 11 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housekeeper
(b) General nature of industry business, or dstablishment in which employed (or employer): Religious worker

9. BIRTHPLACE (State or Country): Iowa

10. NAME OF FATHER: E. A. Gill

11. BIRTHPLACE OF FATHER (State or Country): Illinois

12. MAIDEN NAME OF MOTHER: Amy Hall

13. BIRTHPLACE OF MOTHER (State or Country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alvin Kinsley
(Address) Independence, Mo.

15. Filed Dec 7 1912 — Feb. 8th 1913 — J. M. Taylor — J. E. McComas — Local Registrar

Burial permit issued by Boise City Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. 7th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1912, to Dec. 7 1912, that I last saw h[illegible] alive on Dec 7 1912 and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Peritoneal Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Pregnancy

(Duration) ..... yrs. 4 mos. 20 ds.

(Signed) A. M. Halverson M. D.

1912 (Address) 210 Overland Bldg.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Independence Mo. | DATE OF ~~BURIAL~~ Shipment Dec 191[illegible]

20. UNDERTAKER: Schreiber & Sidenfaden | ADDRESS: Boise

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BORS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 1

County of Ada

Primary Registration District No. 2004

File No. 3820

City of So Boise

(No. Main & Michigan St.)

Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Menzo R Wentworth

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not Obtainable (Month) (Day) 1854 (Year)

7. AGE: 58 yrs. — mos. — ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Cabinetmaker
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Buffalo. N.Y.

10. NAME OF FATHER: D. Wentwarth

11. BIRTHPLACE OF FATHER (State or Country): N. Y

12. MAIDEN NAME OF MOTHER: Lucy Cobb

13. BIRTHPLACE OF MOTHER (State or Country): N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. D. Wentworth
(Address) So Boise

15.
Filed Feb 8 1913 J. M. Taylor
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 20th (Day)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1912 to Dec 20th 1912 that I last saw him alive on Dec 20th 1912 and that death occurred on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs
Follows chronic interstitial Nephritis

(Duration) Many yrs. — mos. — ds.

Contributory (Secondary) Asthma

(Duration) — yrs. — mos. — ds.

(Signed) [redacted] M. D.

Dec 1912 (Address) Boise Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ....yrs....mos....days. In the State....yrs....mos....days.

Where was disease contracted if not at place of death?

Former or usual residence So. Boise.

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery | DATE OF BURIAL: 12/22 1912

20. UNDERTAKER: Schreiber & Siedenfaden | ADDRESS: Boise, Idaho

Burial permit issued by Boise City Registrar

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 3
County of Canyon Primary Registration District No. 2005
City of Near Caldwell (No. Rural No. 2. St.)
File No. 3823
Registered No. 1
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Laura V. Snodgrass
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Feby (Month) 29 (Day) 184? (Year)

7. AGE: 64 yrs. 10 mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housekeeping
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Mo.

10. NAME OF FATHER: William Sherman

11. BIRTHPLACE OF FATHER (State or Country): Don't know

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C W Snodgrass
(Address) Caldwell, Ida.

15.
Filed Feb. 1st 1913 John S. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Dec (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31" 1912, to 191
that I last saw her alive on Dec 31" 1912,
and that death occurred on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral apoplexy
about 4 hours.
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. M. Henry M. D.
19 (Address) Notus Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL,

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Canyon Hill
DATE OF BURIAL: Jan 8 1913

20. UNDERTAKER: W. E. Dye
ADDRESS: Caldwell

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18172

Held by Dr. J. M. Henry - Notus Jan. 31st 1913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH 17

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3843
Registered No. 222
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs M. C White

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Nov. (Month) 27 (Day) 1849 (Year)

7. AGE: 63 yrs. 3 ~~mos.~~ wks 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Va

10. NAME OF FATHER: Geo Massman

11. BIRTHPLACE OF FATHER (State or Country): Va

12. MAIDEN NAME OF MOTHER: Mrs S. Fry

13. BIRTHPLACE OF MOTHER (State or Country): Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J P White
(Address) St Maries

15. Filed 4/10 1913 O O Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 16 1912 to Mar 21 1912 that I last saw h[illegible] alive on ..21 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H R Cornwell M. D.
Mar 22 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: Mar 24 1912

20. UNDERTAKER: H Hellmuth
ADDRESS: St Maries

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Grenell
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2044
(No. ....., ... St.)

File No. 3841
Registered No. 321
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME C. S. Leatham

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	

6. DATE OF BIRTH: Feb (Month) 12 (Day) 1836 (Year)

7. AGE: 76 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New London Conn.

10. NAME OF FATHER: Le Smith

11. BIRTHPLACE OF FATHER (State or Country): Don't No

12. MAIDEN NAME OF MOTHER: Mary Gadsby

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Leatham
(Address) Farrell, Idaho

15.
Filed 2/10 1913 S D Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1912, to Mar. 19 1912
that I last saw h[illegible] alive on 1912
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Cy of Lung
..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Lindsay M. D.
19..... (Address) St. Joe, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Mar. 21 1912

20. UNDERTAKER: R. L. Mudeady — ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 17

Primary Registration District No. 9044

File No. 3845

County of Kootenai

City of St Maries (No. ....., ... St.)

Registered No. 220

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma F. Fay

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: Jan (Month) 23 (Day) 1881 (Year)

7. AGE: 21 yrs. — mos. — ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Housewife
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Mont.

10. NAME OF FATHER C. B. Lee

11. BIRTHPLACE OF FATHER (State or Country) D. K.

12. MAIDEN NAME OF MOTHER Della J McDermid

13. BIRTHPLACE OF MOTHER (State or Country) N. Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Edith McGrath
(Address) Chelwah Wash.

15.
Filed 2/10 1913 D D Brennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191..., that I last saw h... alive on — 191..., and that death occurred on the date stated above, at 12 15 M.

The CAUSE OF DEATH* was as follows:

From gunshot homicidal

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Stump M. D.

12/18 1912. (Address) Rathdrum Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. 41 days. In the State ... yrs. ... mos. ... days.

Where was disease contracted if not at place of death? .....

Former or usual residence Spokane Wash.

19. PLACE OF BURIAL OR REMOVAL: Shipped to Spokane | DATE OF BURIAL: Dec 22 1912

20. UNDERTAKER: H L Mulcahy | ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2049
File No. 384
Registered No. 219

1. PLACE OF DEATH.
County of Kootenai
City of St. Maries (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Albert Steinback

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: " " 1 (Month) (Day) (Year)

7. AGE: about 30 yrs. " mos. " ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Com. Labor
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Montana

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Mulcahy
(Address) St. Maries

15. Filed 2/10 1912 J. J. Brennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 17 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from " 191..., to " 191..., that I last saw h" alive on " 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
From Gun shot
Homicidal

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Mangan M. D.
Mar 17 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Mar 3 1913

20. UNDERTAKER: W. L. Mulcahy | ADDRESS: St Maries

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 1V
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 218
Registered No. 218
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Lee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH
March 1 1912
(Month) (Day) (Year)

7. AGE about
30 yrs. 6 mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Black Smith
(b) General nature of industry business, or dstablishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Michigan

10. NAME OF FATHER H. K.

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (State or Country) " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Mulcahy
(Address) St Maries

15.
Filed 2/10 1913 D. D. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Dec. 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1912, to Dec 8 1912, that I last saw h in alive on Dec 5 1912 and that death occurred on the date stated above, at 9P M.

The CAUSE OF DEATH* was as follows:
Chronic Alcoholism
Traumatic Fracture
Compound Tibia
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Cont. Alcoholism
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. C. Nibson M. D.
12/5 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Hauglum Idaho | DATE OF BURIAL Dec 10 1912

20. UNDERTAKER W. L. Mulcahy | ADDRESS St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2044
File No. 3819
Registered No. 217

1. PLACE OF DEATH.
County of Kootenai
City of N. Jor
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry Rokke

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Feb. (Month) 1 (Day) 1887 (Year)

7. AGE: 25 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Work in logging
(b) General nature of industry business, or dstablishment in which employed (or employer): Camp

9. BIRTHPLACE (State or Country): Minn

10. NAME OF FATHER: J. H. Rokke

11. BIRTHPLACE OF FATHER (State or Country): Norway

12. MAIDEN NAME OF MOTHER: Mrs J. M. Rum

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. M Calvin
(Address) Moscow, Ida

15. Filed 2/10 1913 D D Drummond Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Mar. (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1912, to Mar. 20 1913; that I last saw h— alive on ..... 1912 and that death occurred on the date stated above, at 9:30 P. M.

The CAUSE OF DEATH* was as follows: Typhoid Fever

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Lindsay M. D.

Mar 21 1912 (Address) N Jor, Ida

*State the DISEASE CAUSING DEATH; or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL: Mar 22 1912

20. UNDERTAKER: H. L. Mulcahy — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries.
(No. ....., ... St.)

Registration District No. 12
Primary Registration District No. 2049
File No. 3840
Registered No. 216

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Miss B. Lavigne

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Oct. (Month) 31 (Day) 1893 (Year)

7. AGE: 19 yrs. — mos. — ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student.
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wisconsin

10. NAME OF FATHER: J. B. Lavigne

11. BIRTHPLACE OF FATHER (State or Country): Wisconsin

12. MAIDEN NAME OF MOTHER: S. Garity

13. BIRTHPLACE OF MOTHER (State or Country): Wisconsin

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Lavigne
(Address) St Maries

15. Filed 2/10 1913 D. D. Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1912 to Nov. 18 1912, that I last saw h[illegible] alive on " " 1912 and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) — yrs. 3 mos. — ds.

Contributory (Secondary) Acute Art. Rheumatism

(Duration) 19 yrs. — mos. — ds.

(Signed) F. E. Gibson M. D.

11/19/1912 (Address) St. Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Nov. 20 1912

20. UNDERTAKER: H. E. McCaley | ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 12
Primary Registration District No. 2049
File No. 385
Registered No. 215

1. PLACE OF DEATH.
County of Shoshone
City of Santa (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mike Shoot

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Unknown (Month) ..... (Day) 1 (Year)

7. AGE: 60 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Walker
(Address) Santa, Ida

15. Filed 7/10 1913 A D Drennan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 14 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1912 to Nov. 14 1912 that I last saw h[illegible] alive on " 13 1912 and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Platt M. D.
Nov. 13 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Nov. 19 1913

20. UNDERTAKER: H. E. Mulcahy | ADDRESS: St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & RDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEAL
Bureau of Vital Sta

File No. 3851

Registered No. 21

If death occured in a h
stitution or camp, give
instead of street and nu

1. PLACE OF DEATH.

County of Kootenai

City of St Maries.

Registration District No. 12

Primary Registration District No. 2049

(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mrs. M. Heritage

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: July (Month) 9 (Day) 1893 (Year)

7. AGE: 17 yrs. ~ mos. ~ ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ... Student
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ind.

10. NAME OF FATHER Jos. H. Heritage

11. BIRTHPLACE OF FATHER (State or Country) Ind.

12. MAIDEN NAME OF MOTHER E. A. Blacklidge

13. BIRTHPLACE OF MOTHER (State or Country) Ind.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos. H. Heritage
(Address) St Maries. Ida

15. Filed 2/10 1913
O. D. Plath
D. D. Drummond 2/10/13 Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov. (Month) 6 (Day)

17. I HEREBY CERTIFY, That I attended decea
Oct. 20 1912 to Nov. 6
that I last saw h alive on 6
and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:
Nephritis Interstitial

(Duration) ..... yrs. ..... mos. .....

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. D. Plath M. D.

19 (Address) St Maries.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Anderson, Ind.

DATE OF BURIAL ..... 191...

20. UNDERTAKER: H. L. Mulcahy

ADDRESS St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of Post (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049

File No. 3952
Registered No. 213
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. M. L. Harris.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1872 (Year)

7. AGE: 40 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Jas. Conway

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: .....

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. L. Harris.
(Address) Post, Idaho.

15. Filed Nov 9 1917 O. D. Hall Local Registrar
L. D. Williams 11/10/13

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 4 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Acute obstruction of bowels.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) Mc Leinds ay Inst.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF ~~BURIAL~~ OR REMOVAL: Corning Ia. | DATE OF BURIAL ..... 191...

20. UNDERTAKER: R. L. Mullaney | ADDRESS: Post

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19780

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3852
Registered No. 212
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs. M Urquhart

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: Mar 1 (Month) 2nd (Day) 1 (Year)

7. AGE: 52 yrs. ? mos. ? ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa

10. NAME OF FATHER: J Edmonson

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maud Urquhart
(Address) Elk Maries

15. Filed Nov 4 1912 — D D Freeman C.L. Ralls — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1912 to Nov. 4 1912 that I last saw h? alive on Nov. 4 1912 and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Gun shot Wound
Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W E Cormack M. D.
Nov 3 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow — DATE OF BURIAL ..... 191..

20. UNDERTAKER: H Hollingsbery — ADDRESS St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 2049

File No. 3851

County of Kootenai

City of St Maries, (No. ....., ... St.)

Registered No. 211

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Cook

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

..... (Month) 1 (Day) ..... (Year)

7. AGE

41 yrs. 6 mos. 6 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Cement worker

(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): C

10. NAME OF FATHER: C

11. BIRTHPLACE OF FATHER (State or Country): C

12. MAIDEN NAME OF MOTHER: C

13. BIRTHPLACE OF MOTHER (State or Country): C

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. N. Sutton

(Address) Chateolet, Ida

15. Filed Nov 9 1917 D D Drennan Local Registrar

Nov 9 1917 D D Drennan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct. (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1912, to Oct 24 1912

that I last saw him alive on " " 1912

and that death occurred on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Had left leg cut off by train. Died while being taken into Hospital.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H E Cozzens M. D.

Oct 24 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Maries Ida	Oct 28 1917

20. UNDERTAKER	ADDRESS
H. J. Malcolm	St Maries Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

County of Kootenai

Primary Registration District No. 2049

File No. 3855

City of St Maries. (No. ....., ... St.)

Registered No. 210

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Celaus Peterson

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

7. AGE: 48 yrs. ~ mos. ~ ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Camp
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden

10. NAME OF FATHER: Pear Peterson

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Hon't no.

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Anderson
(Address) Calton Or.

15. Filed Nov 9 1912 — D. D. Flatt, Local Registrar
2/10/13 D D Drennen

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1912 to Oct. 23 1912 that I last saw h~ alive on Oct. 23 1912 and that death occurred on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Synuel Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. C. Sandman M. D.

Oct 23 1912 (Address) St Jos 999

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Oct. 24 1912

20. UNDERTAKER: H. Le. Mulcahy | ADDRESS: St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 2049

File No. 3855

County of Shoshone

City of Cœur

(No. ....., ... St.)

Registered No. 209

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jane Craig

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6. DATE OF BIRTH

..... 1 .....
(Month) (Day) (Year)

7. AGE

89 yrs. ~ mos. ~ ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ~

(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Ireland

10. NAME OF FATHER James Justus

11. BIRTHPLACE OF FATHER (State or Country) Ireland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country) (

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Craig

(Address) Cœur, d'Alene, Ida.

15. Filed Nov 9 1917

D D Preston
D D Flynn
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Oct. (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h er alive on Oct. 15 1912

and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. P. O'Brien M. D.

Oct. 16 1912 (Address) Cœur d'Alene Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death .....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Maries	Oct 16 1912

20. UNDERTAKER	ADDRESS
H. Heckendorf	St Maries

SYMS-YORK CO., PTRS. & BDRS. 1976O

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Joe
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 385
Registered No. 208
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME J. J. Price

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6. DATE OF BIRTH
Unknown (Month) (Day) (Year)

7. AGE
Unknown yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer Jack
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Unknown

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. E. Mulcahy
(Address) St Maries

15. Filed Nov 9 1917 D. D. Dunagan O. D. Platt
2/10/13 D. D. Dunagan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct. (Month) 7 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I last saw h..... alive on ....., 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows: Hit by #15 Chicago, Mil. & P.S.P.R.R.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas R. Schmidt J. M. D.
Oct 8 1913 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Oct 9 1913

20. UNDERTAKER: H. E. Mulcahy — ADDRESS: St Maries

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO. PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries. (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049

File No. 358
Registered No. 207
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jas. O. Porter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6. DATE OF BIRTH: Oct. (Month) 31 (Day) 1866 (Year)

7. AGE: 46 yrs. ... mos. ... ds. IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Common Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Pa

10. NAME OF FATHER: Wm H. Porter

11. BIRTHPLACE OF FATHER (State or Country): Unk Mo

12. MAIDEN NAME OF MOTHER: B. L. Howard

13. BIRTHPLACE OF MOTHER (State or Country): Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs M. A. Porter
(Address) St Maries, Ida

15. Filed Oct 9 1912 D D Drennan Local Registrar
O. D. Hall

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 6 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 20 minutes 191..., to ..... 191..., that I last saw h... alive on ..... 191..., and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Suicide by taking Carbolic Acid.

(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Attended by the Q.P. Physician

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. R. Schultz M. D.
Oct. 6 1912 (Address) St Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries. DATE OF BURIAL: Oct 8 1912

20. UNDERTAKER: K. L. Mulcahy ADDRESS: St Maries.

SVME - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 2049

File No. 3850

County of Kootenai

City of Harrison (No. ....., ... St.)

Registered No. 206

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Celias. Hilvardt

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

Nov 1 1869
(Month) (Day) (Year)

7. AGE

42 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION

(a) Trade, profession or particular kind of work Laborer logging

(b) General nature of industry business, or dstablishment in which employed (or employer) Self

9. BIRTHPLACE (State or Country) Ill

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (State or Country) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C Hangen

(Address) St Maries

15. Filed Nov 9 1912 191

D D Brennan
D D Hall
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Oct. 4 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I last saw h..... alive on ..... 191...,

and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Accidentally Hit by log in chest

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Robinson J. P.

Oct 9, 1912 (Address) Harrison Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Oct 1912

20. UNDERTAKER: McCarty Bros | ADDRESS: St Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & SDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 12
Primary Registration District No. 2049
(No. ....., ... St.)

File No. 3860
Registered No. 205
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Mrs H. Kramer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 15 1912 (Month) (Day) (Year)

7. AGE: ..... yrs. 6 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wallace Idaho

10. NAME OF FATHER: Albert Kramer

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: E. Ward

13. BIRTHPLACE OF MOTHER (State or Country): Washington

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Kramer
(Address) St Maries.

15. D D Dunnaway
Filed Nov 9 1913 O. D. Platt Local Registrar
9/18/13 D D Dunnaway

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 24 (Month) 24 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1912, to Sept 24 1912, that I last saw him alive on Sept 24 1912, and that death occurred on the date stated above, at 9 a M.

The CAUSE OF DEATH* was as follows:
Cholera Infantum
.....
.....
(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. D. Platt M. D.
Sept 24 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Sept 26 1912

20. UNDERTAKER: H. L. Mulcahy — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Kootenai — Registration District No. 12

City of Enida — Primary Registration District No. 2049 — File No. 3961

(No. ....., ... St.) — Registered No. 204

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Esther Golda Clem

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: September 23, 1908. (Month) (Day) (Year)

7. AGE: 3 yrs. 11 mos. 26 ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Concomully, Wash.

10. NAME OF FATHER N. R. Clem,

11. BIRTHPLACE OF FATHER (State or Country) Missouri

12. MAIDEN NAME OF MOTHER Maude E. Weeks

13. BIRTHPLACE OF MOTHER (State or Country) Kansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. R. Clem,

(Address) Enida, Idaho,

15. Filed Nov 2 1912 — D D Drennan — D D Drennan Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. (Month) 19 (Day), 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1912 to Sept. 19 1912, that I last saw her alive on Sept 15 1912, and that death occurred on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Severe implication of bowels with ulceration throughout intestines)

(Duration) — yrs. — mos. 4 ds.

Contributory (Secondary) .....

— (Duration) — yrs. — mos. — ds.

(Signed) J. Kinsolving M. D.

Sept 20 1912 (Address) St Maries Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death — yrs. 3 mos. ..... days. In the State 3 yrs. — mos. 18 days.

Where was disease contracted if not at place of death? .....

Former or usual residence Kenwood Ida.

19. PLACE OF BURIAL OR REMOVAL: Enida Ida. — DATE OF BURIAL: Sep. 21, 1912.

20. UNDERTAKER: H. L. Mudcaly — ADDRESS: St. Maries,

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 12

Primary Registration District No. 2049

File No. 1302

County of Kootenai

City of St Maries (No. ..... St.)

Registered No. 203

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME T. H. Bouchard

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: March 16 1911 (Month) (Day) (Year)

7. AGE: 1 yrs. 6 mos. ~ ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): St Maries, Idaho

10. NAME OF FATHER: J. J. Bouchard

11. BIRTHPLACE OF FATHER (State or Country): Canada

12. MAIDEN NAME OF MOTHER: H. Schmel

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Bouchard
(Address) St Maries

15. Filed Nov 9 1912 — R D Freeman — O D Hall — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept. 15 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1912, to Sept 15 1912, that I last saw h[im] alive on Sept 15 1912, and that death occurred on the date stated above, at 9P M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Owen D Hall M. D.

Sept 15 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Sept. 17 1912

20. UNDERTAKER: H. L. Mulcahy — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Kootenai
City of St Maries
If death occurs away from usual residence, give facts called for under special information.

Registration District No. V 2
Primary Registration District No. 2049
(No. Catherine St.)

File No. 3863
Registered No. 202
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME ~~Hulda~~ B. Kelley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Aug (Month) 7 (Day) 1848 (Year)

7. AGE: 64 yrs. (mos. (ds.
IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home wife
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ont.

10. NAME OF FATHER: Geo. Leyndsh

11. BIRTHPLACE OF FATHER (State or Country): Ont.

12. MAIDEN NAME OF MOTHER: C. Leinch

13. BIRTHPLACE OF MOTHER (State or Country): Ont.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. N. Goodland
(Address) St Maries.

15. Filed Nov 9 1917
D. D. Drennan
O. D. Platt Local Registrar
11/10/17 D D Drennan

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1912; to Sept 10 1912, that I last saw her alive on Sept 10 1912 and that death occurred on the date stated above, at 6 a M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemmorhage

(Duration) yrs. 2 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Owen D Platt M. D.
Sept 10 1912 (Address) St Maries Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Maries | DATE OF BURIAL: Sept 11 1912

20. UNDERTAKER: H H Mulleary | ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Kootenai Primary Registration District No. 2049
City of ~~St. Maries~~ Carstairs Canada (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.
2. FULL NAME Mrs. M. A. Haggett

[redacted] e No. 3861
gistered No. 201
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 33 yrs. C mos. C ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Kansas

10. NAME OF FATHER: Jno. Benj. Brinker

11. BIRTHPLACE OF FATHER (State or Country): Germany

12. MAIDEN NAME OF MOTHER: C

13. BIRTHPLACE OF MOTHER (State or Country): C

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. A. Haggett
(Address) Carstairs, Alberta

15. Filed Nov 9 1912 Dr. C. D. Platt
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug. (Month) 19 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Shock following Operation for Pregnancy
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. D. Platt M. D.
Aug 23 1912 (Address) St. Maries

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries — DATE OF BURIAL: Aug 23 1912
20. UNDERTAKER: [illegible] — ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 12
County of Hartman Primary Registration District No. 2049
City of St Joe (No. ....., ... St.)
File No. 3865
Registered No. 200

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME A. C. Peterson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

7. AGE: 33 yrs. (mos. (ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Conductor
(b) General nature of industry business or establishment in which employed (or employer): Mountain

9. BIRTHPLACE (State or Country): Unknown

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs C. P. Peterson
(Address) Emery Idaho

15. D. D. Freeman
D D Platt
Filed Nov 9 1917
Wm D D Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 12 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1912, to Aug 12 1912 that last saw h[illegible] alive on Aug 12 1912 and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Rupture of Stomach
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Lindsay M. D.
Aug 24 1912 (Address) St Joe

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mc Cammon
DATE OF BURIAL: 8/13 1912

20. UNDERTAKER: H H Bulkeley
ADDRESS: St Maries

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 389
Registered No. 42

1. PLACE OF DEATH.
County of Clearwater
City of Orofino
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 17
Primary Registration District No. 2078
(No. ....., ... St.)

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME William Mc Murphy.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1851 (Year)

7. AGE: 61 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: ?

11. BIRTHPLACE OF FATHER (State or Country): ?

12. MAIDEN NAME OF MOTHER: ?

13. BIRTHPLACE OF MOTHER (State or Country): ?

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Nowell Givens
(Address) Orofino Ida.

15.
Filed Jany 30 1913
J. McFaul
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar - 11 1910, to Dec. 29 1912
that I last saw him alive on Dec. 28 1912
and that death occurred on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:

Atheroma

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Insanity
..... (Duration) 2 yrs. 9 mos. 18 ds.
(Signed) J. Nowell Givens M. D.
..... 19..... (Address) Orofino, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Asylum Cemetery
DATE OF BURIAL: Dec-30 1912

20. UNDERTAKER: Geo. H. Shreve
ADDRESS: Orofino, Ida.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3915
Registered No. 1

1. PLACE OF DEATH.
County of Shoshone
City of Wallace
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 28
Primary Registration District No. 1011
(No. ....., ... St.)

2. FULL NAME Melanie Smith

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	white	single

6. DATE OF BIRTH: Sept. (Month) 29th (Day) 1912 (Year)

7. AGE: ..... yrs. 3 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Wallace Ida.

10. NAME OF FATHER Chas Smith

11. BIRTHPLACE OF FATHER (State or Country) Kingston Ida

12. MAIDEN NAME OF MOTHER Mabel Williams

13. BIRTHPLACE OF MOTHER (State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. J. Smith
(Address) Wallace Ida.

15. Dec 2 Filed ~~Dec 14~~ 1913 F. Leo Quigley Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: December (Month) 3/2nd (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3/ 1912, to Dec 31 1912, that I last saw him alive on Dec 31st/ 1912, and that death occurred on the date stated above, at 5 a. M.

The CAUSE OF DEATH* was as follows:
Broncho: Pneumonia

(Duration) ~~Dec~~ yrs. mos. ds.

Contributory (Secondary) .....
(Duration) ..... yrs. mos. ds.

(Signed) Mary L. Smith M. D.
Dec 3/ 1912 (Address) Wallace, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kingston Idaho — DATE OF BURIAL: Jan 2nd 1913

20. UNDERTAKER: N. P. Ward — ADDRESS: Wallace Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

1

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Ada

City of Boise

Registration District No.

Primary Registration District No.

(No. 1022 State St.)

File No. 3933

Registered No. 1

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Sedenia T. Dunford.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow

6. DATE OF BIRTH: May (Month) 20 (Day) 1858 (Year)

7. AGE: 54 yrs. 7 mos. 10 ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Salt Lake Utah.

10. NAME OF FATHER: Mr. Pack

11. BIRTHPLACE OF FATHER (State or Country): England.

12. MAIDEN NAME OF MOTHER: not obtainable

13. BIRTHPLACE OF MOTHER (State or Country): not obtainable

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Della Dunford
(Address) 1022 State St.

15.
Filed 1-1 1913 C S McConnel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That ~~I attended~~ deceased ~~from~~ saw dead ~~Dec. 1, 1912~~ to Dec. 31 1912, ~~that I last saw h alive on Dec. 1, 1912~~, and that death occurred on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows: Uremia Death occurred without attending Physician having taken Christian Science Treatment by absent healer residing ~~(Duration) in Portland Ore.~~

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) Adolph Schreiber ~~M. D.~~ Coroner Ada Co.

19 (Address) Boise Ada Co.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Morris Hill Cemetery — DATE OF BURIAL: Jan 1 1913

20. UNDERTAKER: Fry & Summers — ADDRESS: Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 3947
Registered No. 2

1. PLACE OF DEATH.
County of Ada
City of Boise (No. Bentley St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.

2. FULL NAME ~~Arthur~~ Christler
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 3rd (Day) 1896 (Year)

7. AGE: 16 yrs. mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Lodi Wisconsin

10. NAME OF FATHER: Albert J. Christler

11. BIRTHPLACE OF FATHER (State or Country): Wis.

12. MAIDEN NAME OF MOTHER: Iva B Bemis

13. BIRTHPLACE OF MOTHER (State or Country): Wis

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert J. Christler
(Address) Boise Idaho

15.
Filed 1/3 191[3] C S McConnell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 31st (Day) 191[2] (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Dec. 31-1912 ~~191 to 191~~ saw
that I last saw h alive on 191
and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:
Gun shot wound by accidental discharge of his own gun.

(Duration) yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber ~~M. D.~~ Coroner of Ada Co
19 (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence 1414 N. 25th St Boise

19. PLACE OF BURIAL OR REMOVAL: Harris Hill
DATE OF BURIAL: 1/3 191[3]

20. UNDERTAKER: Schreiber & Sidenfaden
ADDRESS: Boise,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Wash.
City of Weiser
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26
Primary Registration District No. 1010
(No. West Commercial St.)

File No. 3964
Registered No. 2
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Henry Glass

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH
— (Month) — (Day) 1857 (Year)

7. AGE
56 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): State of Illinois

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Link Thomas
(Address) Weiser, Idaho.

15.
Filed Jan 10th 1913 W. M. Brownlee
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Jan. — 9 1913
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw him ~~living~~ not alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Found Dead

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W. W. Bowen, Coroner
Jan 10 1913 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weiser Idaho
DATE OF BURIAL: Jan-10-1913

20. UNDERTAKER: C. G. Cordelle
ADDRESS: Weiser, Idaho.

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

GYMS - YORK CO., PTRS. & BDRS. 19760

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1008

Registered No. 3

1. PLACE OF DEATH. Registration District No. 10

County of Oneida Primary Registration District No. 219

City of Fairview (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ida Gilbert

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 2 (Month) 3 (Day) 1870 (Year)

7. AGE: 22 yrs. 8 mos. 28 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Store Clerk
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Daniel Gilbert

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Amelia Hansen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carrie Knudson
(Address) Fairview Idaho

15.
Filed Jan 15 1913 G. C. Cuney Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: October (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 28 1912, to Oct 31 1912
that I last saw her alive on Oct 30 1912
and that death occurred on the date stated above, at 6.40 P.M.

The CAUSE OF DEATH* was as follows:
General septicaemia

(Duration) - yrs. - mos. 5 ds.

Contributory (Secondary) Pneumonia

(Duration) - yrs. - mos. 2 ds.

(Signed) G. W. States M. D.

Nov 2 1912 (Address) Franklin Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Fairview Idaho
DATE OF BURIAL: Nov 3rd 1912

20. UNDERTAKER: P J Hansen
ADDRESS: Preston Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE. 17148

Feb 8 1913 J. C. Rasmussen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Mink Creek

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

File No. 1017
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Christina O. Peterson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married (Write the word.)

6. DATE OF BIRTH: July 12 (Month) 8 28 (Day) 1851 1852 (Year)

7. AGE: 61 yrs. 7 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Sweden.

10. NAME OF FATHER: Ola Olsen

11. BIRTHPLACE OF FATHER (State or Country): Sweden

12. MAIDEN NAME OF MOTHER: Bessie Larsen

13. BIRTHPLACE OF MOTHER (State or Country): Sweden

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Enoch Peterson
(Address) Mink Creek, Idaho

15. Filed Jan 2 1913 J. C. Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 28 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Heart failure
(no physician in attendance)
..... (Duration) ..... yrs. ..... mos. 10 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Logan Utah — DATE OF BURIAL: Jan 1 1913

20. UNDERTAKER: D. L. Hansen — ADDRESS: Preston Ida

Feby 8 1913 D. Ray Local Reg

SYMS-YORK CO. PRINTERS & BINDERS, BOISE. 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4016
Registered No. 11

1. PLACE OF DEATH.
County of Canada
City of Payton (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2119
If death occurs away from usual residence, give facts called for under special information.
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Robert W. Taylor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widower
6. DATE OF BIRTH: 4 (Month) 6 (Day) 1846 (Year)
7. AGE: 66 yrs. 6 mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Mail Carrier
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): England
10. NAME OF FATHER: Robert Taylor
11. BIRTHPLACE OF FATHER (State or Country): England
12. MAIDEN NAME OF MOTHER: Emma
13. BIRTHPLACE OF MOTHER (State or Country): Eng Can
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Taylor
(Address) Payton Idaho
15.
Filed Dec 1 1912 G. L. Emery Local Registrar
D. Ray

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Nov 1 1912
11 (Month) 1 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 1911, to Oct 15 1912
that I last saw him alive on Oct 15 1912
and that death occurred on the date stated above, at 7 A M.
The CAUSE OF DEATH* was as follows:
Cancer
..... (Duration) 2 yrs. 3 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Dr O. F. Carpenter M. D.
Nov 1 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Payton Ida
DATE OF BURIAL: Nov 3 1912
20. UNDERTAKER: P. J. Hansen
ADDRESS: Preston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1017
Registered No. 17

1. PLACE OF DEATH.
County of Oneida
City of Fairview
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Caroline M. Jamison

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow
6. DATE OF BIRTH: 7 (Month) 7 (Day) 1836 (Year)
7. AGE: 76 yrs. 3 mos. 25 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry business or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or Country): Indiana
10. NAME OF FATHER: Fielding Garr
11. BIRTHPLACE OF FATHER (State or Country): Virginia
12. MAIDEN NAME OF MOTHER: Pauline Turner
13. BIRTHPLACE OF MOTHER (State or Country): Kentucky
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mark N Jones
(Address) Fairview Idaho
15. Filed Nov 10 1912 — H C Jensen, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 2 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1912, to Nov 2 1912
that I last saw her alive on Nov 2 1912
and that death occurred on the date stated above, at 10 30 P.M.
The CAUSE OF DEATH* was as follows:
Apoplexy
..... (Duration) 20 minutes yrs. ..... mos. ..... ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) W B Parkinson Jr M. D.
Nov 5 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Fairview Idaho — DATE OF BURIAL: Nov 6 1912
20. UNDERTAKER: P J Hansen — ADDRESS: Preston Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Nov 8 1913 N Ray Lockey

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4018
Registered No. 13

1. PLACE OF DEATH.
County of Ada
City of Boise (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2117

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Leon H Eldridge

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single
6. DATE OF BIRTH: (Month) 11 (Day) 20 1890
7. AGE: 16 yrs. ..... mos. 2 ds. IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....
9. BIRTHPLACE (State or Country): Taylor Co Iowa
10. NAME OF FATHER: Horace Eldridge
11. BIRTHPLACE OF FATHER (State or Country): Wash
12. MAIDEN NAME OF MOTHER: Shelley
13. BIRTHPLACE OF MOTHER (State or Country): Ogden Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Horace Eldridge
(Address) Pinehurst Ida
15. Filed Dec 5 1912 G L Gurney Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1912
17. I HEREBY CERTIFY, That I attended deceased from 12/2 1912, to 12/3 1912 that I last saw him alive on 12/2 1912 and that death occurred on the date stated above, at 1 a M.
The CAUSE OF DEATH* was as follows:
Pneumonia
..... (Duration) Mos yrs. Mos mos. 12 ds.
Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Allen R Curtis M. D.
Dec 3 1912 (Address) Pinehurst Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Taylor Idaho — DATE OF BURIAL: Dec 4 1912
20. UNDERTAKER: G H Hansen — ADDRESS: Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Feby 8 1913 D C Bay Sec Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Bingham
City of Rexburg

Registration District No. 18
Primary Registration District No. 2117
(No. ..... St.)

File No. 4019
Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Delcy Lucy Packer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 7 (Month) 31 (Day) 1910 (Year)

7. AGE: 1 yrs. 5 mos. ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Rexburg Idaho

10. NAME OF FATHER: William Packer

11. BIRTHPLACE OF FATHER (State or Country): Cala

12. MAIDEN NAME OF MOTHER: Sharp

13. BIRTHPLACE OF MOTHER (State or Country): Rexburg

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W W Packer
(Address) Preston Idaho

15. Filed Dec 16 1912 G. L. Tuttle Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 11 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1912, to Dec 11 1912, that I last saw him alive on Dec 11 1912 and that death occurred on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:
Broncho pneumonia

(Duration) ✓ yrs. ✓ mos. 15 ds.
Contributory (Secondary) Bronchitis
(Duration) ✓ yrs. ✓ mos. 15 ds.

(Signed) G W Stutz M. D.
Dec 16 1912 (Address) Franklin Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Rexburg — DATE OF BURIAL: Dec 13 1912

20. UNDERTAKER: O J Hansen — ADDRESS: Rexburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Feby 8 1913 D Clay Lee Reg

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4020
Registered No.

1. PLACE OF DEATH.
County of Oneida
City of Preston (No. ....., ... St.)

Registration District No. 18
Primary Registration District No. 2119

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME David L Foss

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 9 (Month) 4 (Day) 1900 (Year)

7. AGE: 1 yrs. 3 mos. 14 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Preston Idaho

10. NAME OF FATHER: Frank Foss

11. BIRTHPLACE OF FATHER (State or Country): Utah

12. MAIDEN NAME OF MOTHER: Emily Evans

13. BIRTHPLACE OF MOTHER (State or Country): Malad Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emily Foss
(Address) Preston Idaho

15. Filed Dec 15 1912 C G Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 12th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/2 1912, to 12/12 1912 that I last saw him alive on Dec 12 1912 and that death occurred on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis complicated by Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) G. T. Parkinson M. D.
12/14 1912 (Address) Preston Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston — DATE OF BURIAL: Dec 14 1912

20. UNDERTAKER: T J Hampton — ADDRESS: Preston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Feby 8 1912 DC Ray for Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4021
Registered No. 16

1. PLACE OF DEATH.
County of Cache
City of Preston
Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Mabel Shaffer.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 3 (Month) 14 (Day) 1912 (Year)

7. AGE: ..... yrs. 9 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Preston

10. NAME OF FATHER: Geo W Shaffer

11. BIRTHPLACE OF FATHER (State or Country): Ill

12. MAIDEN NAME OF MOTHER: Jensen

13. BIRTHPLACE OF MOTHER (State or Country): Denmark

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo W Shaffer
(Address) Preston Idaho

15. Filed 20 Dec 18 1912 — E. C. Emery, Sub Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 15 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1912, to Dec 15 1912
that I last saw h her alive on Dec 15 1912
and that death occurred on the date stated above, at 6 45 P. M.
The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Allen R Eccles M. D.
Dec 16 1912 (Address) Preston Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Preston — DATE OF BURIAL: Dec 17 1912

20. UNDERTAKER: D J Hinson — ADDRESS: Preston

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Feby 8 1913 D C Ray Dr Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Parker

Registration District No. 18
Primary Registration District No. 219
(No. ....., ... St.)

File No. 1022
Registered No. 17

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Katherine Estella Eckmeyer

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married
6. DATE OF BIRTH: 11 (Month) 25 (Day) 1880 (Year)
7. AGE: 32 yrs. 5 mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?
8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business or establishment in which employed (or employer):
9. BIRTHPLACE (State or Country): Franklin
10. NAME OF FATHER: W. M. Read
11. BIRTHPLACE OF FATHER (State or Country): Utah
12. MAIDEN NAME OF MOTHER: Katherine Broadhurst
13. BIRTHPLACE OF MOTHER (State or Country): Utah
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Eckmeyer
(Address) Parker Ida.
15. Filed 1 Dec 1912 G. A. Emery Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov (Month) 25 (Day) 1912 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1912, to Nov 25 1912, that I last saw her alive on Nov 23 1912 and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Organic heart disease
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) nephritis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) G. A. Emery M. D.
Nov 26 1912 (Address) Parker

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Preston, Ida
DATE OF BURIAL: Nov 27 1912
20. UNDERTAKER: C. J. Hansen
ADDRESS: Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 7148

Aug 8 1912 D. C. Ray Lor Reg

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: *(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers,* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility, (Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, *septicemia*", "PUERPERAL *peritonitis,*" etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train —accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

N # 6

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Oneida
City of Weston
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 18
Primary Registration District No. 2119
(No. ....., ... St.)

File No. 4023
Registered No. 18
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Emma Lillian Christiansen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 25 (Day) 1881 (Year)

7. AGE: 31 yrs. 11 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Logan Utah.

10. NAME OF FATHER: Alvin David Crockett.

11. BIRTHPLACE OF FATHER (State or Country): Utah.

12. MAIDEN NAME OF MOTHER: Emma Hodges.

13. BIRTHPLACE OF MOTHER (State or Country): England.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Olof Edvard Christiansen
(Address)

15. Filed Dec 30 1912 — L. C. Penney, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1912, to Dec 29 1912, that I last saw her alive on Dec 29 1912, and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Meningitis following double otitis media.

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary): Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. C. Penney M. D.
Dec 29 1912 (Address) Preston, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Weston — DATE OF BURIAL: Dec 30 1912

20. UNDERTAKER: G. W. Lundquist — ADDRESS: Logan, Ut.

Filed May 8 1913 D. Clay Lee Reg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., INCS. BOORS. 19765

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 15
Primary Registration District No. 2069
File No. 4925
Registered No. 10

1. PLACE OF DEATH.
County of Oneida
City of Malad
(No. ..... , ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME John Lewis Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Dec. (Month) 20 (Day) 1838 (Year)

7. AGE: 74 yrs. mos. 9 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Wales.

10. NAME OF FATHER: William Jones

11. BIRTHPLACE OF FATHER (State or Country): Wales.

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (State or Country): Wales.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hazel A Tyrrell
(Address) Malad, Idaho.

15. Filed Jany 1 1913 D C Ray Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1912, to Dec 28 1912
that I last saw h. alive on Dec 28 1912
and that death occurred on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:
Spinal meningitis

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D C Ray M. D.
19 ..... (Address) Malad city

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Saint Johns — DATE OF BURIAL: Jan. 2 1913
20. UNDERTAKER: W. S. Johnson — ADDRESS: Malad.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of St. Anthony
(No. ....., ... St.)

Registration District No. 9
Primary Registration District No. 2038

File No. 1038
Registered No. 6

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Floyd Mc Arthur.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): single

6. DATE OF BIRTH: Dec 7 (Month) (Day) 1917 (Year)

7. AGE: ..... yrs. ..... mos. 9 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Idaho

10. NAME OF FATHER: Dauford Mc Arthur

11. BIRTHPLACE OF FATHER (State or Country): Idaho.

12. MAIDEN NAME OF MOTHER: Myrtle Birch.

13. BIRTHPLACE OF MOTHER (State or Country): Idaho,

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. D. Mc Arthur
(Address) St. Anthony.

15. Filed Feb 10 1917 R. Hinkes Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 16 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1917, to Dec 16 1917 that I last saw h[im] alive on Dec 16 1917 and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis.

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) Bronchial chest

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. R. Mallett M. D.

Dec 17 1917 (Address) St. Anthony Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. Anthony
DATE OF BURIAL: Dec 17 1917

20. UNDERTAKER: Friends
ADDRESS: St. Anthony.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

No. 104.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 8

Primary Registration District No. 2033

File No. 4089

County of Bonner.

City of Sandpoint. (No. ....., ... St.)

Registered No. 184

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Rollie Mack.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE 25 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work Homesteader.
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. McKinnon

(Address) Sandpoint Ida.

15.

Filed Jan. 14. 1913 M. McKinnon
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

About, Dec. 28., 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:

Exposure. Found in a Overturned boat on Priest Lake
No Physician in attendance

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19.... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Priest River, Idaho.	Jan. 15 1913

20. UNDERTAKER	ADDRESS
Kluft Kluft	Rathrum. Ida.

BYMS YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4095
Registered No. 148

1. PLACE OF DEATH.
County of Bonner
City of Bonners Ferry (No. ....., ... St.)
Registration District No. 8
Primary Registration District No. 2034

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME A. N. Hyde

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	

6. DATE OF BIRTH ..... 1 .....
(Month) (Day) (Year)

7. AGE about 70 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Miner
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Sept. 16 1912 ..... E. E. Sims ..... Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH Sept 15th 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Sept 15 1913, to only 191..
that I last saw h.. alive on Sept 15 1913
and that death occurred on the date stated above, at 1 P. M.
The CAUSE OF DEATH* was as follows:
Unknown disease
Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 1 ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Leslie J. Stauffer M. D.
Feb 12 1913 (Address) Bonners Ferry Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonners Ferry Ida	9/17 1912

20. UNDERTAKER John T. Mahon ADDRESS B Ferry Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No. 7
County of Bonner Primary Registration District No. 2034
City of Bonners Ferry (No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

File No. 4096
Registered No. 169
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Chas. F. Browne.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single.

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Feb. 13 1913 E. E. Fry. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 27 th. (Day) 1912. (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Oct 27 1912
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Accidental gunshot wound of abdomen.
..... (Duration) — yrs. — mos. 12 hrs. ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leslie J Stauffer M. D.
Feb 12 1913 (Address) Bonners Ferry Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bonners Ferry — DATE OF BURIAL ..... 191...

20. UNDERTAKER: J. C. Moore — ADDRESS: Bonners Ferry.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4097
Registered No. 120

1. PLACE OF DEATH.
County of Boundary
City of Bonners Ferry
Registration District No. 8
Primary Registration District No. 2034
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Ethelyn Llewellyn Draper McEwen
If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 5 (Day) 1890 (Year)

7. AGE: 22 yrs. 4 mos. 27 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Stratford Ontario

10. NAME OF FATHER: Duncan McEwen

11. BIRTHPLACE OF FATHER (State or Country): Ontario

12. MAIDEN NAME OF MOTHER: Mary Draper

13. BIRTHPLACE OF MOTHER (State or Country): Stratford Ont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. L. McEwen
(Address) Medicine Hat -

15. Filed Feb 1 - 1913 E. A. Lee Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: December (Month) 27th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1913, to Dec. 28th 1913 that I last saw him alive on Dec. 27 - 1913 and that death occurred on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

..... (Duration) ..... yrs. ..... mos. 24 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Eaton M. D.
Feb. 1 - 1913 (Address) Bonners Ferry, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos. 24 ds.
In the State ..... yrs ..... mos. 24 ds.
Where was disease contracted, if not at place of death? Flagstone, B. C.
Former or usual residence: Medicine Hat - Alta.

19. PLACE OF BURIAL OR REMOVAL: Medicine Hat
DATE OF BURIAL ..... 191...

20. UNDERTAKER: L. J. Moore
ADDRESS: Bonners Ferry

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

[redacted]ATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4098

Registered No. 171

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. 8

County of Bonner, Primary Registration District No. 2034

City of Bonners Ferry (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Neil P. McIntyre

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Grey

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: Eighteen forty Seven (Month) (Day) 1 (Year)

7. AGE: 68 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs.or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Helena Mt

10. NAME OF FATHER: Patrick

11. BIRTHPLACE OF FATHER (State or Country): Ireland

12. MAIDEN NAME OF MOTHER: Colburn

13. BIRTHPLACE OF MOTHER (State or Country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): [illegible]
(Address): Wallisun Ida

15. Filed Dec. 30 - 1912 E E Frey Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Dec 29 1912
December (Month) 29th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1912, to Dec 29 1912 that I last saw h[illegible] alive on Dec 28 1912, and that death occurred on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leslie J. Stauffer M. D.
Jan 9 1913. (Address) Bonners Ferry

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos 4 ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? Portland, Idaho
Former or usual residence Portland Idaho

19. PLACE OF ~~BURIAL OR~~ REMOVAL: Chippewa Falls Wis
DATE OF BURIAL ..... 191...

20. UNDERTAKER: H D Moore
ADDRESS: Bonners Ferry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

Form V. S. No. 5—12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4110
Registered No. 2

1. PLACE OF DEATH.
County of Lewis
City of Nezperce (No. ....., ... St.)

Registration District No. 32
Primary Registration District No. 2127

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Blanch May Long

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Nov 29 1912 (Month) (Day) (Year)

7. AGE: 6 yrs. 1 mos. 1 ds. IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Nezperce Idaho

10. NAME OF FATHER: Willis M Long

11. BIRTHPLACE OF FATHER (State or Country): Iowa

12. MAIDEN NAME OF MOTHER: Seaton Estes

13. BIRTHPLACE OF MOTHER (State or Country): Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Willis M Long
(Address) .....

15. Filed 2-3- 1913. Elmer B. Reavy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 1 (Month) 30 (Day) 1913 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 191 to 1 hour before 191 that I last saw h alive on 1 191 and that death occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. A. Jeffreys M. D.
2/1 1913 (Address) Nezperce

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Burial
DATE OF BURIAL: 1/31/1913

20. UNDERTAKER: J C Miller
ADDRESS: Nezperce

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[redacted]F DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. [illegible]

County of Nez Perce — Primary Registration District No. 2074

City of Agatha — (No. ....., ... St.)

File No. 1150

Registered No. 28

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hubbard H Campbell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov (Month) 16 (Day) 1853 (Year)

7. AGE: 57 yrs. — mos. 17 ds.

IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmman
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Ill

10. NAME OF FATHER: —

11. BIRTHPLACE OF FATHER (State or Country): —

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. M. Catlon
(Address) agatha

15. Filed 2-22 1913 E. E. Watts Local Registrar
Mar. 10-1913 E. J. Perkins

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Drowned

..... (Duration) Instant yrs. ..... mos. ..... ds.
Contributory —
(Secondary)
..... (Duration) — yrs. — mos. — ds.
(Signed) E. E. Watts M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gifford Ida
DATE OF BURIAL: 2-24 1913

20. UNDERTAKER: W. E. Woodland
ADDRESS: Gifford

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 6

Primary Registration District No. 2026

File No. 4160

County of Boise

City of Sweet (No. ....., ... St.)

Registered No. 32

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Paul Kellenbrunn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH: Dec. (Month) 26 (Day) 1 (Year)

7. AGE: 82 yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner.
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Germany.

10. NAME OF FATHER: Paul Kellenbrunn

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Emma Talley
(Address) Sweet, Idaho

15.
Filed Mar 7 1913 A. J. Byrd Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

.....
.....
.....
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence Germany.

19. PLACE OF BURIAL OR REMOVAL: Idaho City — DATE OF BURIAL: Sept 30 1912

20. UNDERTAKER: Gilbert Talley — ADDRESS: Sweet, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & RDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 6
Primary Registration District No. 2027
File No. 4151
Registered No. 31

1. PLACE OF DEATH.
County of Boise
City of McCall
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lizzie Sophia

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Nov 28th 1
(Month) (Day) (Year)

7. AGE: 31 yrs. ..... mos. 15 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Finland

10. NAME OF FATHER: not given.

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Papinaja
(Address) McCall

15.
Filed Mar 17 1913 A. G. Byrd
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 15 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Consequence of Child birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
19.... (Address) McCall

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence Finland

19. PLACE OF BURIAL OR REMOVAL: Finnish Cemetary
DATE OF BURIAL: ..... 191...

20. UNDERTAKER
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4168

Registered No. 20

Registration District No. 1

Primary Registration District No. 2002

1. PLACE OF DEATH.
County of Ada
City of Eagle
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME George Washington Vaughan

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6. DATE OF BIRTH: June 10 (Month) ~~Nov 30~~ (Day) 1837 ~~1912~~ (Year)

7. AGE: ~~75~~ yrs. ~~5~~ mos. 20 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Veterenery
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Virginia

10. NAME OF FATHER: William Vaughan

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Phebe Smith

13. BIRTHPLACE OF MOTHER (State or Country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Charley Vaughan
(Address): Eagle Idaho

15. Filed Dec 1 1912 E. Naugle Local Registrar
Mch 6- 1913 with J. M. Taylor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191 , to 191
that I last saw him alive on Nov 30 1912,
and that death occurred on the date stated above, at 10 00 A.M.
The CAUSE OF DEATH* was as follows:
Poisoned by Paris Green
Suicidal

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Naugle M. D.
Nov 30 1912 (Address) Star

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL: Dry Creek Cemetery
DATE OF BURIAL: Dec 1 1912

20. UNDERTAKER: J. D. Ayers
ADDRESS: Star

Burial permit issued by Dr Naugle

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 18672

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH.
County of Oneida
City of Weston (No. ....., ... St.)
Registration District No. 18
Primary Registration District No. 2119

BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4171
Registered No. 2

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Maughn

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: 10 (Month) 8 (Day) 1829 (Year)

7. AGE: 82 yrs. ..... mos. 28 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: John Maughn

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo D Maughan
(Address) Weston Ida

15.
Filed Feb 16 1913 — G. E. Emery Local Registrar
Nov 10 1913 — D Clegg

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 10 (Month) 31 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31 1912, to Oct 31 1912
that I last saw him alive on Oct 31 1912
and that death occurred on the date stated above, at 7 P. M.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(Duration) One yrs. ..... mos. ..... ds.
Contributory Senility
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. W. Luck M. D.
Nov 3 1912 (Address) Weston, Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Weston Idaho — DATE OF BURIAL: Nov 3 1912

20. UNDERTAKER: P J Hansen — ADDRESS: Preston

STATE-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Victor
(No. ....., ... St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 9
Primary Registration District No. 2037

File No. 4239
Registered No. 23
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Wm Samuel Thompson.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M.	W.	Married.

6. DATE OF BIRTH: Dec 2 1856.
(Month) (Day) (Year)

7. AGE: 56 yrs. 10 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or dstablishment in which employed (or employer) Co operate r.

9. BIRTHPLACE (State or Country) Utah.

10. NAME OF FATHER J. L. Thompson.

11. BIRTHPLACE OF FATHER (State or Country) Dont Know

12. MAIDEN NAME OF MOTHER Matilda Wellis.

13. BIRTHPLACE OF MOTHER (State or Country) Dont Know.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Owen B. Curtis.
(Address) Victor

15. Filed Nov 1 1913 - Ray Whisler
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. 30 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191...,
that I last saw h..... alive on ....., 191...,
and that death occurred on the date stated above, at .....M.
The CAUSE OF DEATH* was as follows:

Myocarditis.

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
..... 19..... (Address) .....

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Victor | DATE OF BURIAL: Nov 2 1912

20. UNDERTAKER: H. R. Griffes | ADDRESS: Victor, Ida.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

[redacted] daho
EALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. [illegible] 10

County of Idaho

Primary Registration District No. 2101

File No. 4249

City of Stites

(No. ....., ... St.)

Registered No. 108

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Thomas J Mock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	married

6. DATE OF BIRTH

Nov (Month) 3 (Day) 1852 (Year)

7. AGE

60 yrs. 1 mos. 25 ds.

IF LESS than 1 day how many .....hrs. or .....mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work ..... farmer

(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) North Carolina

10. NAME OF FATHER not obtainable

11. BIRTHPLACE OF FATHER (State or Country) " "

12. MAIDEN NAME OF MOTHER not obtainable

13. BIRTHPLACE OF MOTHER (State or Country) "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H.F. Schrader

(Address) Stites Idaho

15.

Filed Jan 8 1913 J.M. Verbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191..., that I last saw h[illegible] alive on ..... 191..., and that death occurred on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H.F. Schrader M. D.

Dec 30 1912 (Address) Stites Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Stites, Idaho	Jan 2 1913

20. UNDERTAKER	ADDRESS
E.M. Ballinger	Rockaida Clergyman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 2

County of Ada

Primary Registration District No. 1704

City of Boise (No. South Boise St.)

File No. 13

Registered No. 13

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Antonio Barrutia

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH

1 (Month) (Day) (Year)

7. AGE about 30 yrs. mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Spain

10. NAME OF FATHER Jose Barrutia

11. BIRTHPLACE OF FATHER (State or Country) Spain

12. MAIDEN NAME OF MOTHER Joaquina

13. BIRTHPLACE OF MOTHER (State or Country) Spain

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Andueza

(Address) Boise

15.

Filed ..... 191...

C. S. McCown
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH

Dec 8 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ dead Dec ~~10~~, to Dec 8th 1912 ~~19~~, ~~that I last saw him alive on~~ ~~19~~, and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Accident being crushed in the dark on Rail Road Track in South Boise

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adolph Schreiber M. D.

19 (Address) Ada Co, Coroner

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns Cemetery	Dec. 11 1912

20. UNDERTAKER	ADDRESS
Schreiber & Sidenfaden	Boise

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4350

Registered No. .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District [redacted]

County of Orand Primary Registration [redacted] t No. .....

City of Grayson Preston Rdg (No. ....., [redacted] St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Jennie [redacted] Ellis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: 7 (Month) 5 (Day) 1876 (Year)

7. AGE: 35 yrs. 4 mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work. Farmers Wife
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Not known

10. NAME OF FATHER W B Jackson

11. BIRTHPLACE OF FATHER (State or Country) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (State or Country) Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hyram [redacted]
(Address) Preston

15.
Filed Nov 28 [redacted]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: November (Month) 28th (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10 P.M. 1912, to 10 30 P.M. 1912 that I last saw her alive on Nov 28 1912 and that death occurred on the date stated above, at 10 30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of the heart

..... (Duration) ..... yrs. ..... mos. one hr

Contributory (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G T Parkinson M. D.

11/28 1912 (Address) Preston Rdg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Baker City Oregon — DATE OF BURIAL: Dec 1 1912

20. UNDERTAKER [redacted] A[redacted]

[redacted]

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1351

Registered No. 111

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Boise
City of Arrowrock
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 3
Primary Registration District No. 1005
(No. ..., ... St.)

2. FULL NAME Ella Jane Jones.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6. DATE OF BIRTH: June 12, 1864
(Month) (Day) (Year)

7. AGE: 48 yrs. ... mos. ... ds.
IF LESS than 1 day how many ..... *hrs.* or ..... *min.*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business or establishment in which employed (or employer): Housewife

9. BIRTHPLACE (State or Country): Iowa.

10. NAME OF FATHER: E. J. Smith.

11. BIRTHPLACE OF FATHER (State or Country): U.S.

12. MAIDEN NAME OF MOTHER: Ella Jane Wilson.

13. BIRTHPLACE OF MOTHER (State or Country): U.S.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph W. H. Shaw
(Address) Arrowrock Idaho

15. Filed 11/26 1912 John S Meyer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November 22. 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 1 1911, to Nov. 22 1912, that I last saw her alive on Nov. 22 1912, and that death occurred on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breasts.

(Duration) 2 yrs. ... mos. ... ds.

Contributory (Secondary) General Carcinomatosis

(Duration) ... yrs. 13 mos. ... ds.

(Signed) Joseph W. H. Shaw M. D.

19 (Address) Arrowrock

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Canyon [redacted] Caldwell | DATE OF BURIAL: 11/25 1912

20. UNDERTAKER: W. E. D[redacted] | ADDRESS: Caldwell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & RULERS, BOISE 16672

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1353

Registered No. .....

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Boise

City of .....

If death occurs away from usual residence, give facts called for under special information.

Registration District No. .....

Primary Registration District No. .....

(No. ....., ... St.)

2. FULL NAME Chas Cocash

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht	S

6. DATE OF BIRTH

..... 1 .....
(Month) (Day) (Year)

7. AGE 38 about
..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) .....

9. BIRTHPLACE
(State or Country) Austria

10. NAME OF FATHER
unknown

11. BIRTHPLACE OF FATHER
(State or Country) Austria

12. MAIDEN NAME OF MOTHER
unknown

13. BIRTHPLACE OF MOTHER
(State or Country) Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G E Noggle
(Address) Vanwyck Ida

15.
Filed 3-8 191 3
J. Steffington
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
12 22 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
accidental discharge of Shotgun

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G E Noggle M. D.
19.... (Address) Vanwyck Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Vanwyck Ida. DATE OF BURIAL: 12-23 1912

20. UNDERTAKER: None. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Boise
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

File No. 435 1
Registered No.
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Lois Boon

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Yes

6. DATE OF BIRTH: Don't Know (Month) (Day) (Year)

7. AGE: 40 yrs. about mos. ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Austria

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (State or Country): Austria

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (State or Country): Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G E Moss
(Address) Vanwyck Ida

15.
Filed 3-5 1913
J A Kopinski
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 22 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191..., to 191...,
that I last saw h... alive on 191...,
and that death occurred on the date stated above, at ... M.
The CAUSE OF DEATH* was as follows: Accidental discharge of Gangrene

(Duration) yrs. mos. ds.
Contributory
(Secondary)
(Duration) yrs. mos. ds.
(Signed) G E Moss M. D.
19... (Address) Vanwyck Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Vanwyck Ida. DATE OF BURIAL: 12/23 1912

20. UNDERTAKER: None ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1355

Registered No. ____

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH.

County of Boise

City of ____ (No. ____, ____ St.)

If death occurs away from usual residence, give facts called for under special information.

Registration District No. ____

Primary Registration District No. ____

2. FULL NAME Jack Sorder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6. DATE OF BIRTH Don't Know (Month) (Day) (Year)

7. AGE 38 yrs. about mos. ds.

IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or dstablishment in which employed (or employer) ____

9. BIRTHPLACE (State or Country) Austria

10. NAME OF FATHER ____

11. BIRTHPLACE OF FATHER (State or Country) Austria

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (State or Country) Austria

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G E Hoggle
(Address) Ventura Idaho

15. Filed 3-8 1913 Ike Haight Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH 12-22- 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ____ 191__, to ____ 191__, that I last saw h____ alive on ____ 191__, and that death occurred on the date stated above, at 5:30 M.

The CAUSE OF DEATH* was as follows:
accidental Explosion of Dynamite

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) G E Hoggle M. D.

19__ (Address) Ventura Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ days. In the State ____ yrs. ____ mos. ____ days.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ventura Idaho	12-23 1912
20. UNDERTAKER	ADDRESS
None	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Adams
City of Cambridge
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 4
Primary Registration District No. 20 11
(No. ....., ... St.)

File No. 1344
Registered No. 25

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Susan M Murphey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)

6. DATE OF BIRTH
..... (Month) ..... (Day) 1 (Year)

7. AGE
43 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Home Wife
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country)
Kansas
Montgomery Co

10. NAME OF FATHER
Edward Barber

11. BIRTHPLACE OF FATHER (State or Country)
Indiana
Morgan Co

12. MAIDEN NAME OF MOTHER
Mary am Barber

13. BIRTHPLACE OF MOTHER (State or Country)
Arkansas

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Barber
(Address) Indian Valley Idaho

15.
Filed 3-10 1913 Frank V. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH
Oct 11 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1912, to Oct 11 1912
that I last saw her alive on Oct. 11, 1912
and that death occurred on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:
Consumption
..... (Duration) 1 yrs. 6 mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank V Brown M. D.
Oct. 13 1913 (Address) Cambridge

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Indian Valley
DATE OF BURIAL: Oct 13 1912

20. UNDERTAKER: J A Tindolson
ADDRESS: Cambridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Ada
City of Eckley

Registration District No. 31
Primary Registration District No. 2136
(No. ....., ... St.)

File No. 1496
Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: Sept (Month) 21st (Day) 1854 (Year)

7. AGE: 55 yrs. 1 mos. 12 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): North Carolina

10. NAME OF FATHER: John Gentry

11. BIRTHPLACE OF FATHER (State or Country): North Carolina

12. MAIDEN NAME OF MOTHER: Jane Edwards

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Briggs
(Address) Eckley Idaho

15.
Filed Mch 20 191[illegible] [redacted] Stockslager
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec 3rd (Month) (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 191[illegible], to Dec 2nd 191[illegible] that I last saw h[illegible] alive on Dec 2nd 191[illegible] and that death occurred on the date stated above, at 6[illegible] M.

The CAUSE OF DEATH* was as follows:

Emphysema

..... (Duration) ..... yrs. 3 mos. ..... ds.

Contributory (Secondary) Bronchitis

..... (Duration) 20 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Dec 3 191[illegible] (Address) Eckley Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Marion
DATE OF BURIAL: Dec 4 191[illegible]

20. UNDERTAKER: Mrs Sarah Dales
ADDRESS: Marion Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Fremont
City of Lewisville

Registration District No. 9
Primary Registration District No. 2049-40
(No. ....., ... St.)

File No. 4644
Registered No. 49

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Axel Hoffman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W.	Married

6. DATE OF BIRTH May 26 Dont Know. 1865
(Month) (Day) (Year)

7. AGE 47 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work ..... Farmer
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country) Sweden

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (State or Country) Sweden

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (State or Country) Sweden.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Axel Hoffman
(Address) Lewisville Ida.

15. Filed Apr 10 1913 Ray H Fisher
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH May 26 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1912, to May 26 1912
that I last saw h..... alive on May 26 1912
and that death occurred on the date stated above, at 3P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. D. Tucker M. D.
May 27 1913 (Address) Lewisville Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Lewisville
DATE OF BURIAL May 28 1913

20. UNDERTAKER W. T. Peck & Sons
ADDRESS Rigby

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE [redacted]

BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH. Registration District No.
County of Bonner Primary Registration District No. 3040
City of Lewisville (No. , St.)

File No. 4646
Registered No. 30

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME J. H. Maynard

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: March 16 (Month) (Day) 1844 (Year)

7. AGE: 68 yrs. 7 mos. 21 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer): Farmer.

9. BIRTHPLACE (State or Country): Penn.

10. NAME OF FATHER: Wm Maynard.

11. BIRTHPLACE OF FATHER (State or Country): Penn.

12. MAIDEN NAME OF MOTHER: Eliz. Gaulrell

13. BIRTHPLACE OF MOTHER (State or Country): Penn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Maynard.
(Address) Right Lewisville

15.
Filed Nov 10 1917 Ray H Tucker
Local Regis[redacted]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Nov 7 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Acute dilatation of heart.

(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Sudden death

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ray H Tucker M. D.
Nov 10 1917 (Address) Right Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Lewisville — DATE OF BURIAL: Nov 9 1917

20. UNDERTAKER [redacted] ADDRESS: Lewisville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4740

Registered No. 33

1. PLACE OF DEATH.

Registration District No. 1

Primary Registration District No. 2004

County of Ada

City is Hulls Gulch (No. near Boise St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Boise found of Unknown body supposed to be W. E. Boise

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH ..... (Month) ..... (Day) ..... (Year)

7. AGE ..... yrs. ..... mos. ..... ds.

IF LESS than 1 day how many ..... *hrs. or* ..... *mins.?*

8. OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A Schreiber Coroner

(Address) of Ada County

15.

Filed May 7th 1913 J. McTaggart Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH About April to June 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That ~~attended~~ deceased ~~from~~ ~~191~~ to ~~191~~, ~~that I last saw h~~ alive on ~~191~~, ~~and that death occurred on the date stated above, at~~ ~~M.~~

The CAUSE OF DEATH* was as follows:

Boise of the Unknown was found April 14th 1913 cause of death Gun shot wound.

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Schreiber Coroner M.D.

19 ..... (Address) Boise

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL

Ada County Cemetery 5/7 1913

20. UNDERTAKER | ADDRESS

Schreiber & Eidenfeden Boise Ida

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 1744

Registered No. 20

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH.
County of Cassia
City of Burley
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 31
Primary Registration District No. 212
(No. ....., ...)

2. FULL NAME Leonard Monetr[illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 29 (Day) 1912 (Year)

7. AGE: 5 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Basin, Idaho

10. NAME OF FATHER: Joseph Monetrie

11. BIRTHPLACE OF FATHER (State or Country): Idaho

12. MAIDEN NAME OF MOTHER: Edna Owens

13. BIRTHPLACE OF MOTHER (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. L. Story
(Address) Burley Ida

15. Filed May 3 1913 A. L. Bowlsby
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec. (Month) 29 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1912, to Dec 29 1912 that I last saw him alive on Dec 29 1912 and that death occurred on the date stated above, at 6:40 P.M.

The CAUSE OF DEATH* was as follows:
Scarletina Forland
Toxemia septic arthritis
(Duration) 19 Days mos. ds.
Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Story M. D.
19..... (Address) Burley Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Basin Idaho. DATE OF BURIAL: Dec. 30 1912

20. UNDERTAKER: Fred Monetrie ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4988

Registered No. 73

1. PLACE OF DEATH. Registration District No. 13

County of Latah Primary Registration District No. 2067

City of Bovill, P. L. Camp #2 (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME Samuel Rookie

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: Not known ..... (Month) ..... 1 (Day) ..... (Year)

7. AGE: about 35 years ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labour
(b) General nature of industry business or establishment in which employed (or employer): Potlatch Lum. Co.

9. BIRTHPLACE (State or Country): Russian

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER: Known

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Flacker
(Address) Bovill, Ida.

15. Filed Nov. 4st 1913 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. 31st 1912
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 31st 1912, to Oct 31st 1912
that I last saw h Never saw him alive alive on ..... 191....
and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Suicide, self inflicted wound of abdomen

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
Nov. 4th 1912 (Address) Bovill, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bovill, Ida — DATE OF BURIAL: Nov. 4 1913

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse Wash.

JYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No. 15
Primary Registration District No. 2067
(No. ....., ... St.)

File No. 4321
Registered No. 76

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME John Wands

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1834 (Year)

7. AGE: 58 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry business or establishment in which employed (or employer): P. L. Co

9. BIRTHPLACE (State or Country): Ohio

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country):

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or Country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Young
(Address) Bovill, Ida.

15.
Filed Aug 31st 1912 W. Young
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Aug (Month) 31st (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1911, to Aug 31st 1912 that I last saw h[illegible] alive on Aug 31st 1912 and that death occurred on the date stated above, at 8a M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis, mitral heart lesion

..... (Duration) 3 yrs. ..... mos. ..... ds.

Contributory (Secondary): Nephritis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
8/31 1912 (Address) Bovill, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bovill, Idaho
DATE OF BURIAL: 9/2 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

[redacted]

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 4502

Registered No. 77

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

1. PLACE OF DEATH. Registration District No. E 13th
County of Latah Primary Registration District No. 2067
City of Bovill (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Henry A Hultberg

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1873 (Year)

7. AGE: 39 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Woodsman
(b) General nature of industry business or establishment in which employed (or employer): Potlatch L. Co.

9. BIRTHPLACE (State or Country): Boston Mass.

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Shampine
(Address) Bovill, Idaho

15. Filed Oct 1st 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept 26th (Month) (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1912 to Sept 26 1912 that I last saw him alive on ..... 191... and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. five minutes ds.

Contributory (Secondary) Alcoholism

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.

9/27 1912 (Address) Bovill, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bovill, Idaho
DATE OF BURIAL: 10/1 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5: 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4113
Registered No. 78

1. PLACE OF DEATH.
County of Latah
City of Boyd

Registration District No. 15
Primary Registration District No. 2067
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Hampton B. Fitts

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: March (Month) 29 (Day) 1853 (Year)

7. AGE: 59 yrs. 6 mos. 4 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry business or establishment in which employed (or employer): For himself

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Joel Fitts

11. BIRTHPLACE OF FATHER (State or Country): Virginia

12. MAIDEN NAME OF MOTHER: Christiana Fitts

13. BIRTHPLACE OF MOTHER (State or Country): Ky.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida A. Fitts
(Address) Boyd, Ida

15.
Filed Oct 4th 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Oct. (Month) 3 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1912., to Oct 3rd 1912.
that I last saw h— alive on Sept 30th 1912
and that death occurred on the date stated above, at 8.30 a M.

The CAUSE OF DEATH* was as follows:

Uraemia
Myocarditis
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Brights disease
(Duration) 2 or 4 yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
Oct 4th 1912 (Address) Boyd, Ida.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Palouse Ida — DATE OF BURIAL: Oct 4 1912

20. UNDERTAKER: C. L. Shaw — ADDRESS: Palouse Wash.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 4394
Registered No. 79

1. PLACE OF DEATH.
County of Latah
City of Bovill

Registration District No. 16
Primary Registration District No. 2067
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME William S Fries

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Not known

6. DATE OF BIRTH: Not known 1 (Month) (Day) (Year)

7. AGE: about 60 yr. yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry business or establishment in which employed (or employer): Potlatch Lum. Co.

9. BIRTHPLACE (State or Country): Not known

10. NAME OF FATHER: " "

11. BIRTHPLACE OF FATHER (State or Country): " "

12. MAIDEN NAME OF MOTHER: " "

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. B. Flasher
(Address) Bovill, Idaho

15.
Filed July 20 1912 W. Young Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July 13th 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14th 1912, to July 13th 1912
that I last saw h[illegible] alive on July 14th 1912
and that death occurred on the date stated above, at 1.15 a M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
3 hours
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Arterio Sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Young M. D.
7/20 1912 (Address) Bovill Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bovill, Idaho
DATE OF BURIAL: 7/20 1912

20. UNDERTAKER: C. L. Shaw
ADDRESS: Palouse Wash

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO. PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. **PLACE OF DEATH.**
County of Lincoln
City of Gooding
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2018
(No. ....., ... St.)

File No. 5181
Registered No. 3
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. **FULL NAME** Baby Carpenter

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
M	W	Single

6. **DATE OF BIRTH** Dec 5 1917
(Month) (Day) (Year)

7. **AGE** ... yrs. ... mos. 1d ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. **OCCUPATION**
(a) Trade, profession or particular kind of work ... Infant
(b) General nature of industry business, or establishment in which employed (or employer) .....

9. **BIRTHPLACE** (State or Country) Gooding

10. **NAME OF FATHER** Forrest Carpenter

11. **BIRTHPLACE OF FATHER** (State or Country) Kansas

12. **MAIDEN NAME OF MOTHER** Laura Cowles

13. **BIRTHPLACE OF MOTHER** (State or Country) Kansas

14. **THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**
(Informant) Forrest Carpenter
(Address) .....

15. Filed Dec 20 1917 C. F. Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. **DATE OF DEATH** Dec 15 1917
(Month) (Day) (Year)

17. **I HEREBY CERTIFY,** That I attended deceased from Dec-14- 1917, to Dec-15 1917, that I last saw h alive on Dec 14 1917, and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Bronchitis - Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

Contributory (Secondary) .....
(Duration) ... yrs. ... mos. ... ds.

(Signed) F. F. Long M. D.
12/17 1917 (Address) Gooding Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. **LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)**
At place of death ... yrs ... mos ... days. In the State ... yrs ... mos ... days.
Where was disease contracted if not at place of death? .....
Former or usual residence .....

19. **PLACE OF BURIAL OR REMOVAL** Gooding | **DATE OF BURIAL** 12/18 1917

20. **UNDERTAKER** W. E. Thompson | **ADDRESS** Gooding Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS - YORK CO., PTRS. & BDRS. 19760

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Gooding
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 5
Primary Registration District No. 2018
(No. ..... St.)

File No. 5185
Registered No. 9
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME James Mache

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: 9 (Month) 30 (Day) 1895 (Year)

7. AGE: 17 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Labor Farm
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Okla

10. NAME OF FATHER: J Mache

11. BIRTHPLACE OF FATHER (State or Country): Okla

12. MAIDEN NAME OF MOTHER: Jackson

13. BIRTHPLACE OF MOTHER (State or Country): South Carol

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John M Mache Sr,
(Address) .....

15. Filed 12/20 1913
O. F. Keller
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: 12 (Month) 18 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912, to Dec 18 1912, that I last saw h[illegible] alive on Dec 16 1912, and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Dropsy of heart & nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F P Corry MD M. D.
19 ..... (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding
DATE OF BURIAL: 12-20 1912

20. UNDERTAKER: W E Thompson
ADDRESS: Gooding

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS - YORK CO., PTRS. & BDRS. 19760

[redacted] daho

Form V. [redacted] EALT

1. PLACE OF DEATH. Registration District No. [redacted] Bureau of Vital Stati

County of Lincoln Primary Registration District No. 2018 File No. 518

City of Gooding (No. ..... St.) Registered No. 25

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Alexander M. Ellis

If death occurred in a hosp[ital] or institution or camp give its instead of street and num

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Marr[ied]

6. DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7. AGE: 62 yrs. ..... mos. ..... ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): New York

10. NAME OF FATHER: Nelson Ellis

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Celinda Woolcott

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): L. Ellis
(Address): Gooding Idaho

15.
Filed 12/13 191[2] C. F. Zeller
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 12th-1912
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased
Nov-28-1[9]12, to Dec-11-12
that I last saw h[im] alive on Dec-9.
and that death occurred on the date stated above, at 7[?] M.

The CAUSE OF DEATH* was as follows:
Apoplexy — general paresis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Ellis
12th 191[2] (Address) Gooding Id[aho]

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.
Where was Disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Gooding | DATE OF: 12-14

20. UNDERTAKER: C. F. Lamborn | ADDRESS: Goodi[ng]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16672

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH. Registration District No. 8 8 8 — BOARD OF [illegible] Bureau of Vital Statistics

County of Bonner's Co. Primary Registration District No. 2036 — File No. 547

City of Newport Idaho (No. ..... St.) — Registered No. ....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Valisco Sherman

If death occurred in an institution or camp give name instead of street address.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): married

6. DATE OF BIRTH: July (Month) 15 (Day) 1853 (Year)

7. AGE: 58 yrs. 5 mos. 23 ds. — IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: ~~Laborer~~ Carpenter
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Tioga Co. Pa

10. NAME OF FATHER: Alfred M. Sherman

11. BIRTHPLACE OF FATHER (State or Country): New York

12. MAIDEN NAME OF MOTHER: Sylvina Trumain

13. BIRTHPLACE OF MOTHER (State or Country): Tioga Co. Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. V. Sherman
(Address) Newport

15.
Filed Jan. 8 1912 J. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Jan. (Month) 8 (Day) 1912

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1912, to Jan 8 1912, that I last saw him alive on Jan 8 1912, and that death occurred on the date stated above, at [illegible]

The CAUSE OF DEATH* was as follows:
Accidental from blow in head by falling tree

..... (Duration) instantly yrs. ..... mos. ..... ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. .....

(Signed) J. L. Rogers
Jan 8 1912 (Address) Newport Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs .....
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Newport — DATE OF BURIAL: Jan 10 1912

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No. 15
Primary Registration District No. 1008
(No. ....., ... St.)

File No. 5178
Registered No. 150
If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Dewitt C. Gardner.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: April (Month) 28 (Day) 1840 (Year)

7. AGE: 72 yrs. 8 mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country): N. Y.

10. NAME OF FATHER: Jacob Gardner

11. BIRTHPLACE OF FATHER (State or Country): Ill.

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Milford Gardner
(Address) Tekoa Wash

15. Filed Dec 29 1912 D. T. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 27 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1912, to Dec 27 1912, that I last saw him alive on Dec. 27 1912, and that death occurred on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

Contributory (Secondary) — — —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Clarke M. D.
Dec 28 1912 (Address)

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Dec 29 1912

20. UNDERTAKER: Geo Stelz
ADDRESS: Moscow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & BDRS. 19760

-SUPPLEMENARY DEATH CERTIFICATE-

(Please reply on this sheet to
the registrar of Vital Statistics)

Death Certificate No. _____

Name DeWitt C. Gardner

Date of Death December 27. 1912

Cause of Death Lobar Pneumonia

Contributary Cause of death Old age

(Sign here) J. N. Clarke M.D.

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 5479
Registered No.

1. PLACE OF DEATH
County of Latah
City of Moscow
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jessie James Dillman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH: April (Month) 18 (Day) 1889 (Year)

7. AGE: 23 yrs. 8 mos. 17 ds.
IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Oregon

10. NAME OF FATHER: James Dillman

11. BIRTHPLACE OF FATHER (State or Country): Missouri

12. MAIDEN NAME OF MOTHER: Elma Jane Palmer

13. BIRTHPLACE OF MOTHER (State or Country): Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Jessie Dillman
(Address): Portland Oregon

15. Filed Jan 1 1913 J. F. Rae Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1912, to Dec 30 1912, that I last saw her alive on Dec 30 1912, and that death occurred on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Result of gunshot wound self inflicted

(Duration) yrs. mos. 15 ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. F. Rae M. D.
Dec 31 1912 (Address) Moscow

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... days. In the State ..... yrs ..... mos ..... days.
Where was disease contracted if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Moscow
DATE OF BURIAL: Jan 12 1913

20. UNDERTAKER: Geo Kelly
ADDRESS: Moscow

BYRON-YORK CO., PRTRS. & BOOKS. 19760

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 5487
Registered No. 7117

1. PLACE OF DEATH. Registration District No. 31
County of Twin Falls Primary Registration District No. 2121
City of Twin Falls (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME .....

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)

6. DATE OF BIRTH: July (Month) 2" (Day) 1912 (Year)

7. AGE: [redacted] yrs. 6 mos. 14 ds.
IF LESS than 1 day how many ..... *hrs. or* ..... *min?*

8. OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Twin Falls Idaho

10. NAME OF FATHER: Fred J Emeigh

11. BIRTHPLACE OF FATHER (State or Country): Pa

12. MAIDEN NAME OF MOTHER: Sylvia Christopherson

13. BIRTHPLACE OF MOTHER (State or Country): Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. J. Emeigh
(Address) Yale Ida

15.
Filed May 3 1913 G. B. Stockwell Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: [redacted] 10 (Month) 17" (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1912 a.m. to Dec 17 1912
that I last saw h..... alive on ..... 191....
and that death occurred on the date stated above, at ..... M.

The CAUSE OF DEATH* was as follows:
Died in hospital at Twin Falls

..... (Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. V. Dorn M. D.
12-17- 1912 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: (Yale) subject — DATE OF BURIAL: Dec 19 1912

20. UNDERTAKER: Roy Emeigh. — ADDRESS: Yale Idaho.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

[redacted]

Form V. S. No. 5. 12½M.7-24-11

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Lincoln
City of Lincoln
Registration District No.
Primary Registration District No.
(No. , St.)

File No. 5509
Registered No. 57

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME James Boyle Day

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Sept (Month) 2 (Day) 1909 (Year)

7. AGE: 3 yrs. 3 mos. 21 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business or establishment in which employed (or employer).....

9. BIRTHPLACE (State or Country): Twin Falls Ida

10. NAME OF FATHER: Joseph H Day

11. BIRTHPLACE OF FATHER (State or Country): Oregon

12. MAIDEN NAME OF MOTHER: Ada B Tatum

13. BIRTHPLACE OF MOTHER (State or Country): Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ino L Lemm
(Address) Hazelton Ida

15.
Filed Dec. 28 1912 C. F. Sullivan
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Dec (Month) 23 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22 1912, to Dec 23 1912 that I last saw him alive on Dec 23 1912 and that death occurred on the date stated above, at 1 A M.

The CAUSE OF DEATH* was as follows:

Child was not normal from birth. Could not stand See or talk.

The (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Know. Immediate cause of death I do not

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ino L Lemm M. D.
Dwnt 10/6 (Address) Hazelton Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Eden
DATE OF BURIAL: Dec 24 1912

20. [redacted]: W L Strange Pastor Presbyterian Church.
ADDRESS: Milner Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5 20M.1-16-12

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

County of Bonneville — Registration District No. 73

City of ..... (No. ....., ... St.) — Primary Registration District No. 2

File No. 6022

Registered No. 90

If death occurs away from usual residence, give facts called for under special information.

If death occured in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Floyd M. Barker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Babe

6. DATE OF BIRTH — January (Month) 29 (Day) 1912 (Year)

7. AGE — X yrs. X mos. 11 ds. — IF LESS than 1 day how many ..... hrs. or ..... mins.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry business, or dstablishment in which employed (or employer):

9. BIRTHPLACE (State or Country) Idaho

10. NAME OF FATHER Hyrum H Barker

11. BIRTHPLACE OF FATHER (State or Country) Utah

12. MAIDEN NAME OF MOTHER Minnie Malmquest

13. BIRTHPLACE OF MOTHER (State or Country) Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hy H Barker
(Address) R05 - Ida Falls

15. Filed Nov. 29 1913 C. Emmanuel Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH — Feby (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I last saw h..... alive on ..... 191...,
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Emmanuel M. D.
Nov 29 1913 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days. In the State.....yrs.....mos.....days.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19. PLACE OF BURIAL OR REMOVAL: Fremont Co. — DATE OF BURIAL: Dec. 1 1913

20. UNDERTAKER: C. C. Dunwoody — ADDRESS: Ida Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PRTRS. & BDRS. 16760

= 3728 =

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 6445

Registered No.

1. PLACE OF DEATH.
County of Shoshone
City of Mullan

Registration District No. 25
Primary Registration District No. 2108
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Christian Pflugfelder

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Not known (Month) 1 (Day) (Year)

7. AGE: 35 yrs. — mos. — ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Germany

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (State or Country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (State or Country): Not known

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Feb 24 1913 — D. Chas. A. Wetherman — Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: July (Month) 30 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from — 191..., to — 191...
that I last saw h— alive on — 191...
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Killed by falling slab in Bunkerton Mine at Mullan Idaho
(Duration) few yrs. — mos. — ds.
Contributory (Secondary) Fractured Skull
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) D. Chas. A. Wetherman M. D.
Feb 24 1913 (Address) Burke Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Ida
DATE OF BURIAL: Aug 3 1913

20. UNDERTAKER: Wardell Co
ADDRESS: Wallace Ida

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.
County of Shoshone
City of Wardner.

Registration District No. 123
Primary Registration District No. 2202
(No. ....., ... St.)

File No. B 6539
Registered No. .....

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Annie G. Edwards.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Dec (Month) 31 (Day) 19 11 (Year)

7. AGE: ..... yrs. 5 mos. 2 ds.
IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Wardner. Idaho Shoshone Co.

10. NAME OF FATHER: E. Edwards.

11. BIRTHPLACE OF FATHER (State or Country): Wales.

12. MAIDEN NAME OF MOTHER: Margret Griffiths

13. BIRTHPLACE OF MOTHER (State or Country): Wales

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) .....
(Address) .....

15. Filed Dec 29 1913 Geo. D Lasher
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: Sept (Month) 20 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1912, to Sept 20 1912 that I last saw h[illegible] alive on Sept 20 1912 and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Enteritis

..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. R. Mason M. D.
Sept 20 19 12 (Address) Kellogg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Greenwood
DATE OF BURIAL: Sept 26 1912

20. UNDERTAKER: E B Kaufman
ADDRESS: Kellogg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 721

Registered No. 8

1. PLACE OF DEATH.
County of Canyon
City of Caldwell
Registration District No. 3
Primary Registration District No. 2005
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Wallace D. Elphick

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Aug (Month) 26 (Day) 19 (Year)

7. AGE: 4 yrs. 9 mos. 14 ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business or establishment in which employed (or employer): —

9. BIRTHPLACE (State or Country): Walnut Grove Minn.

10. NAME OF FATHER: Oscar D. Elphick

11. BIRTHPLACE OF FATHER (State or Country): Peterson Iowa

12. MAIDEN NAME OF MOTHER: Jennie Welch

13. BIRTHPLACE OF MOTHER (State or Country): Darlington Wisc

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar D. Elphick
(Address) Colograet Minn

15.
Filed Feb. 21 1914
John D. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: June (Month) 10 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to June 10 1912
that I last saw h— alive on June 10 1912
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Scarlet Fever
(Duration) 4 yrs. 9 mos. 14 ds.
Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H. M. Coler M. D.
2/21 1914 (Address) Caldwell

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds.
In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? [redacted]
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Peterson - Iowa -
DATE OF BURIAL ..... 191...

20. UNDERTAKER: State Sec. Shaw & Caldwell
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17143

Form V. S. No. 5. 12½M.7-24-11

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1744
Registered No. 389

1. PLACE OF DEATH
County of Kootenai
City of St Maries

Registration District No.
Primary Registration District No. 2049
(No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME C. A. Russell

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6. DATE OF BIRTH: Jan. (Month) 28 (Day) 1873 (Year)

7. AGE: 39 yrs. ..... mos. ..... ds.
IF LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Gardener
(b) General nature of industry business or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mich

10. NAME OF FATHER: L. E. Russell

11. BIRTHPLACE OF FATHER (State or Country): Mich

12. MAIDEN NAME OF MOTHER: Matth. Ellison

13. BIRTHPLACE OF MOTHER (State or Country): New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. J. Russell
(Address) St Maries

15. Filed 6/10 1914 — J. D. Brennan, Local Registrar

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH: May (Month) 4 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191.....
that I last saw h..... alive on ..... 191.....
and that death occurred on the date stated above, at ..... M.
The CAUSE OF DEATH* was as follows:
Suicide - cutting throat
..... (Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Frank Wing M. D.
5/4 1912 (Address) Rathdrum, Coeur

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds.
In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St Maries
DATE OF BURIAL: May 8 1912

20. UNDERTAKER: W. L. Mulcahy
ADDRESS: St Maries

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 17148

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 7763
Registered No.

1. PLACE OF DEATH.
County of Lincoln
City of Gooding
If death occurred away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. ; St.)

2. FULL NAME Dorinda R. Woodworth.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: May 18 1840 (Month) (Day) (Year)

7. AGE: 72 yrs. 4 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, professsion, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Erie Co Penn

10. NAME OF FATHER: James Gee

11. BIRTHPLACE OF FATHER (State or Country): New York State

12. MAIDEN NAME OF MOTHER: —

13. BIRTHPLACE OF MOTHER (State or Country): —

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. N. Woodworth
(Address) Gooding

15.
Filed Oct 9 1914 T. T. Cary M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 6 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1912, to Oct 6 1912 that I last saw her alive on Oct 6 1912, and that death occurred on the date stated above, at 3 a M.

The CAUSE OF DEATH* was as follows:
Pleur Pneumonia

(Duration) yrs. mos. 5 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) T. T. Cary M. D.
Oct 8 1912 (Address) Gooding Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was Disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Shoshone Ida
DATE OF BURIAL: Oct 9 1912

20. UNDERTAKER: O. E. Thompson
ADDRESS: Gooding

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 11004
Registered No.

1. PLACE OF DEATH.
County of
City of (No. , St.)
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.

2. FULL NAME John Simpson

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6. DATE OF BIRTH: June 1 1850 (Month) (Day) (Year)

7. AGE: 62 yrs. 7 mos. 11 ds. IF LESS than 1 day how many ..... hrs. or ..... min.

8. OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): England

10. NAME OF FATHER: Geo Simpson

11. BIRTHPLACE OF FATHER (State or Country): England

12. MAIDEN NAME OF MOTHER: Jane Sanderson

13. BIRTHPLACE OF MOTHER (State or Country): England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mert Jackson
(Address): Emmett Idaho

15.
Filed 11-20 1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov -20 1912 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-7-12 191 , to Nov 12 1912 that I last saw h in alive on Nov 12 1912, and that death occurred on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Tongue involving Mouth and Throat
(Duration) 2 yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. L. Reynolds M. D.
11-20 1912 (Address) Emmett Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs mos ds. In the State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bramwell Cemetery — DATE OF BURIAL: Nov 21 1912

20. UNDERTAKER: C. D. Bucknum — ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SYMS-YORK CO., PRINTERS & RINDERS. BOISE 16872

Form V. S. No. 5. 10M. 6-20-11.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 110
Registered No.

1. PLACE OF DEATH.
County of
City of
If death occurs away from usual residence, give facts called for under special information.

Registration District No.
Primary Registration District No.
(No. , St.)

2. FULL NAME Sarah C Helm

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): widow

6. DATE OF BIRTH: Dec (Month) 15 (Day) 1834 (Year)

7. AGE: 77 yrs. 11 mos. — ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Missouri

10. NAME OF FATHER: Mr Roope

11. BIRTHPLACE OF FATHER (State or Country): dont Know

12. MAIDEN NAME OF MOTHER: dont Know

13. BIRTHPLACE OF MOTHER (State or Country): " "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A.D. McCoy
(Address) Emmett, Idaho

15.

Filed 11-20 1912 J. L. Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov (Month) 15 (Day) 191[illegible] (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1910 191[illegible], to 1912 191[illegible], that I last saw h[illegible] alive on Mch 8 1912, and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:
Gallstone disease associated with myocardial insufficiency

(Duration) Several yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) P A Cummings M. D.
19 (Address) Emmett

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted,
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Johns Wash — DATE OF BURIAL: 191[illegible]

20. UNDERTAKER: C D Bucknum — ADDRESS: Emmett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EVANS-YORK CO., PRINTERS & BINDERS, BOISE 16672

FORM V. S. No. 5-25 M. 1-16-13

1115

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 21

Primary Registration District No. 2074

File No. [redacted]

Registered No. 14

1. PLACE OF DEATH.

County of Blaine.

City of Hailey.

(No. ..... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Jennie H. Hellyar.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widowed

6. DATE OF BIRTH. Feb. (Month) 1st. (Day) 1857 (Year)

7. AGE: 58 Yrs. 1 Mos. 21 ds.

IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work: Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or Country): Mass.

10. NAME OF FATHER: Jno. Gilman.

11. BIRTHPLACE OF FATHER (State or Country): Mass.

12. MAIDEN NAME OF MOTHER: Emiline Putney.

13. BIRTHPLACE OF MOTHER (State or Country): Connecticut.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Gilman

(Address) Hailey,

15. Filed 3/24 1915 Robert H. Wright Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Mar (Month) 22nd (Day) 1915 (Year)

17. I HEREBY CERTIFY, That I attended deceased from [redacted] 191..., to ..... 191...,

that I last saw h[redacted] alive on Mar 22nd 1915,

and that death occured on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 Yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration ..... yrs. ..... mos. ..... ds.

(Signed) Robert H. Wright M. D.

March 24 1915 (Address) Hailey Idaho.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Worcester Mass. DATE OF BURIAL ..... 191...

20. UNDERTAKER: R. D. Harris ADDRESS Hailey Idaho

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

SYMS - YORK CO., PTRS. & ENGS. 24858

Form V. S. No. 5. 10M. 6-20-12

RECEIVED NOV 4 1912 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 43532

Registered No.

1. PLACE OF DEATH. Registration District No. 2042
County of Idaho Primary Registration District No. 10
City of Cottonwood (No. ....., ... St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp give its NAME instead of street and number.

2. FULL NAME John Thomas Hale

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

6. DATE OF BIRTH: July (Month) 14th (Day) 1851 (Year)

7. AGE: 60 yrs. 3 mos. 18 ds. IF LESS than 1 day how many ..... hrs. or ..... min.)

8. OCCUPATION
(a) Trade, profession or particular kind of work: Retired Livery man
(b) General nature of industry business or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or Country): Indiana

10. NAME OF FATHER: Riley Hale

11. BIRTHPLACE OF FATHER (State or Country): Ohio

12. MAIDEN NAME OF MOTHER: Maud Widduff

13. BIRTHPLACE OF MOTHER (State or Country): North Carolina

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph McCloskey
(Address) Cottonwood Ida

15.
Filed Nov 3rd 1912 G S Stockton per B Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: November (Month) 2 (Day) 1912 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 1912, to Nov 2 1912
that I last saw him alive on Nov 2. 1912
and that death occurred on the date stated above, at 10.45 A. M.

The CAUSE OF DEATH* was as follows:
Atrophic Cirrhosis of the Liver (Chronic)
Exact duration unknown about
(Duration) 2 yrs. 0 mos. 0 ds.
Contributory (Secondary) Interstitial Nephritis Chronic
(Duration) 2 yrs. 0 mos. 0 ds. about
(Signed) Expect duration probably M. D.
Nov 3 1912 (Address) Russell Truitt Cottonwood Ida

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, stats (1) MEANS OF INJURY; and 2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death: ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR ~~REMOVAL~~: Protestant Cemetery Cottonwood
DATE OF BURIAL: Nov 4 1912

20. UNDERTAKER: Joseph McCloskey
ADDRESS: Cottonwood Ida

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WEBB-YORK CO., PRINTERS & RULERS, BOISE 18872

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Shoshone
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 79230

Registration District No. 12 S
Primary Registration District No. 2201 Local Registrar's No. 37

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lourenço C Chaira

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Catherine Chaira

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart Mining Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ceirie Italy

FATHER

13. NAME Chaira

14. BIRTHPLACE (city or town) (State or country) Ceirie Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMENT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Kellogg Date Sept. 2, 1912

19. UNDERTAKER E. R. Harold (Address) Kellogg Idaho

20. FILED June 11, 1913 Mrs. Helen M. Bride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29 1912

22. I HEREBY CERTIFY, That I attended deceased from ....., 193..., to ....., 193...

I last saw h... alive on ....., 193...: death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury	
Hurt in lung & head	
died without regaining consciousness	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 29, 1912

Where did injury occur? Stewart Mine
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industrial

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C B Forbes, M.D.

(Address) Kellogg Ida